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Worldwide Report

EPIDEMIOLOGY

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16 APRIL 1987

WORLDWIDE REPORT
EPIDEMIOLOGY

CONTENTS

HUMAN DISEASES

INTER-AFRICAN AFFAIRS

- WHO Official Downplays AIDS Threat to Continent
(Harare THE HERALD, 24 Feb 87) 1

INTER-AMERICAN AFFAIRS

- Caribbean Reacts to Thallium Sulphate Poisoning in Guyana
(Various sources, various dates) 2
- CAREC Role 2
- Food Inspection in Trinidad 3
- Food-Export Contamination, by Andy Johnson 3
- Judgement on Georgetown Action, Editorial 4
- Dominican Rice Ban 5
- Dominican Tests on Sugar 5
- Apprehensions in Grenada 6

PALESTINIAN AFFAIRS

- Refugee Camp Health Coverage Plans Reviewed
(Nicosia FALASTIN AL-THAWRAH, 8 Nov 86) 7

BAHAMAS

- Briefs 10
- Epidemiological Study

BERMUDA		
	Briefs	
	New AIDS Statistics	11
BRAZIL		
	Briefs	
	AIDS Cases Reported	12
GUYANA		
	Venezuela Cooperating in Battle Against Malaria (Georgetown GUYANA CHRONICLE, 20 Feb 87)	13
	Thallium Sulphate Poisoning Addressed at Many Levels (Various sources, various dates)	14
	Health Ministry Probe	14
	Government Actions	14
	Extent of Problem	15
	Contamination Controls	16
	Medical Mobilization	16
	Poison-Free Samples	17
	'Inconsistencies' in Analysis	17
	President's Comment	18
	Health Ministry Plans Changes in Services for Region Six (Georgetown GUYANA CHRONICLE, 20 Feb 87)	19
	Briefs	
	Health Ministry-IDB Talks	20
KENYA		
	Medical Director Reviews AIDS Situation, Measures (Jeremiah Aurah; Nairobi KENYA TIMES, 12 Mar 87)	21
	Briefs	
	AIDS Screening Kits	22
LAOS		
	Briefs	
	Antimalaria Course	23
MOZAMBIQUE		
	Maputo Has Highest Vaccination Coverage in Africa (Maputo NOTICIAS, 23 Feb 87)	24
NIGERIA		
	Briefs	
	Plateau State Meningitis Outbreak	27

PEOPLE'S REPUBLIC OF CHINA

Studies on Gnathostoma Spinigerum in Hongze District With Special Reference to Its Biology and Epidemiology (Lin Xiumin, et al.; Xiamen XIAMEN DAXUE XUEBAO, No 1, Jan 87)	28
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

PEOPLE'S REPUBLIC OF KAMPUCHEA

SPK Reports Malariology Center's 1987 Program (Phnom Penh SPK, 29 Sep 87)	30
------------------------------------------------------------------------------------	----

PORTUGAL

Detailed Statistics on AIDS Cases Provided (Carlos Pires; Lisbon TEMPO, 12 Feb 87)	32
---------------------------------------------------------------------------------------------	----

SIERRA LEONE

AIDS Testing Laboratory Established (Al-Hassan Sillah; Freetown THE NEW CITIZEN, 9 Feb 87) ..	34
--------------------------------------------------------------------------------------------------	----

SOUTH AFRICA

Government To Set Up AIDS Clinics (Johannesburg BUSINESS DAY, 24 Feb 87)	36
-----------------------------------------------------------------------------------	----

AIDS Awareness Campaign Stepped-Up (Various sources, various dates)	37
------------------------------------------------------------------------------	----

32 Deaths Reported	37
Minister: Cause for Concern, by Claire Robertson	38
More Effective Than Preachers	38
Risk 'No More Than Normal,' by Joe Openshaw	39
Public Awareness Needed, by Gerald Reilly	39
Campaign Differs From UK Style, by Cas StLeger	40

Experts Say 'Little Risk' of Getting AIDS From Blood Transfusion (Joe Openshaw; Johannesburg THE STAR, 16 Mar 87)	41
----------------------------------------------------------------------------------------------------------------------------	----

Commentary Condemns Government Policy on AIDS (Dianna Games; Johannesburg BUSINESS DAY, 23 Feb 87)	42
------------------------------------------------------------------------------------------------------------	----

Two Confirmed AIDS Cases in Prisons (Johannesburg THE CITIZEN, 18 Mar 87)	44
------------------------------------------------------------------------------------	----

Pik Botha Warns Insurgents With AIDS (Johannesburg BUSINESS DAY, 20 Mar 87)	45
--------------------------------------------------------------------------------------	----

Briefs	
New Herpes Virus	46
Congo Fever Feared	46
No AIDS Deaths in January	46

	New AIDS Test Available	47
	Women Support Government on AIDS Alert	47
SPAIN		
	Minister Promises New Measures Against AIDS (Anabel Diez; Madrid EL PAIS, 4 Mar 87)	48
SUDAN		
	Soviets Help Combat Leishmaniasis (Khartoum AL-MAYDAN, various dates)	49
	Physicians Arrive in Khartoum	49
	Soviets Depart Next Week	49
SWEDEN		
	Growth in HIV Cases Slows, Effort To Stem AIDS Spread (Various sources, various dates)	50
	Demand for New Steps, by Per Sjogren	50
	Police Test for AIDS	51
	Heterosexual Cases Now Appearing	51
	Paper Backs Needle Distribution, Editorial	53
	Fewer HIV Infections Discovered, by Ingrid Eriksson	54
SWITZERLAND		
	WHO Statistics Show 42,000 AIDS Cases Worldwide (Paris AFP, 13 Mar 87)	55
THAILAND		
	Number of Malaria Cases Rises 'Significantly' (Bangkok THE NATION, 21 May 87)	56
TOGO		
	Briefs AIDS Cases Among Prostitutes	57
UGANDA		
	Briefs Cholera in Kampala	58
UNITED KINGDOM		
	Latest Figures on AIDS Show New Rise in Number of Deaths (David Fletcher; London THE DAILY TELEGRAPH, 10 Mar 87) ..	59

ZIMBABWE

WHO Records 56 Cases of AIDS
(Harare THE HERALD, 27 Feb 87) 60

Briefs
Minister of Health Confirms 57 AIDS Cases 61

ANIMAL DISEASES

IRELAND

Briefs
Bovine TB Plan 62

LAOS

Briefs
Vientiane Veterinary Work 63

PLANT DISEASES AND INSECT PESTS

GHANA

Insects Destroy Palm Trees at Kwae
(Accra PEOPLE'S DAILY GRAPHIC, 11 Mar 87) 64

SOUTH AFRICA

Briefs
6 Km Locust Swarm Reported 65

VIETNAM

Harmful Insects Ravage Rice Fields in Bac Bo Delta
(Hanoi Domestic Service, 24 Mar 87) 66

/7310

WHO OFFICIAL DOWNPLAYS AIDS THREAT TO CONTINENT

Harare THE HERALD in English 24 Feb 87 pl

[Text]

THE head of the World Health Organisation in Africa, Dr Gottlieb Monekosso, yesterday set the record straight about Aids in Africa "because the economies of some of our countries are being threatened by unreliable and unverified information".

In an interview with The Herald yesterday the Congo-based regional director said the truth was:

- Aids (Acquired Immune Deficiency Syndrome) did not exist in Africa or anywhere else in the world before 1980. This was despite claims by scientists that a virus, resembling the Aids virus had been identified in Africa, particularly in remote areas prior to that.

- Aids was only a serious problem in 10 African countries.

Dr Monekosso said the WHO office was not concerned about the origins of the Aids virus but how to combat the fatal disease.

"The world should

avoid setting up barriers between peoples, countries and races because of Aids. This is irresponsible and based on unverified and unreliable information that is threatening the economies of some countries in Africa."

Aids was only a problem in three or four African countries until about two years ago. The disease had followed the main international air travel routes.

Until about one year ago, African countries had been reluctant to talk about Aids. "All African countries, without exception, are now concerned about the spread of the disease and are joining the WHO in strategies it has set out to fight the disease, vigorously."

Aids was contracted essentially by sexual contact. Any bona fide tourist to Africa interested in the continent's wonderful scenes "should have no difficulty."

Dr Monekosso said that it was in fact people who "lived life beyond the

ordinary" like prostitutes, drug abusers and homosexuals and those who generally liked excitement who were at risk.

The WHO's strategy to combat Aids was:

- Public information about Aids that included avoiding unhealthy sex practices.
- Protection of patients in hospital by testing blood before it is transfused.
- Care in the manufacture and use of blood products.
- Research to determine the prevalence of the Aids virus.
- The co-ordination of national and district committees to fight Aids.

Dr Monekosso stressed that the majority of African countries had not reported Aids as a major problem. On the other hand in some countries, prostitutes were an unfortunate victim of poverty.

Some European countries had warned their nationals against visiting some African countries because of Aids.

/13104

CSO: 5400/132

CARIBBEAN REACTS TO THALLIUM SULPHATE POISONING IN GUYANA

CAREC Role

FL101630 Bridgetown CANA in English 2253 GMT 9 Mar 87

[Text] Port-of-Spain, 9 Mar (CANA)--A fourth specialist from the Trinidad and Tobago-based Caribbean Epidemiology Centre (CAREC) has gone to Guyana at that country's request to research an outbreak of pesticide poisoning.

Occupational health expert Dr Richard Keenlyside, who left here yesterday to join CAREC Director Dr Peter Diggory and two other colleagues, will be in Guyana for about a week and a half,

More than 600 Guyanese have been poisoned by thallium sulphate, a table-salt-like pesticide/insecticide used mainly as a rat poison on local sugar cane plantations.

A CAREC spokesman said the team is in Guyana "to find out where and how people are getting poisoned and get in close to these routes."

The spokesman said samples from Guyana had already been sent for testing in Guyana, Trinidad and Tobago, the United States and to other institutions with adequate equipment.

The CAREC team will present an official report on its findings to the Guyana Government.

Trinidad and Tobago has suspended imports of rice from Guyana and a CAREC official said there had been no reports of cases of poisoning among Trinidadians.

CAREC, set up 11 years ago, and serving 19 countries in the Caribbean, provides specialist help in disease research, identification and control.

Food Inspection in Trinidad

Port-of-Spain DAILY EXPRESS in English 6 Mar 87 p 2

[Text]

INSPECTORS from the Food and Drug Division of the Ministry of Health, Welfare and the Status of Women, will be checking to make sure that all brands of food originating from Guyana contains that country's stamp of approval.

Additionally, samples of all the goods will be taken before being released to the general public.

The Health Ministry said yesterday it had been closely checking all commercial food shipment imports from Guyana following an increase in thallium poisoning in that country over the last three months.

Guyana, which accounted for an estimated 7.4 per cent of imports into Trinidad and Tobago out of total Caribbean Community—Caricom—imports last year, experienced an

alarming increase in thallium poisoning believed to be caused by the use of the thallium sulphate pesticide.

The pesticide's sole importer is Guyana Sugar Corporation (Guysuco).

The local health ministry said yesterday reports reaching the ministry indicated that the cases seemed to be confined to a certain area of Guyana.

"The Guyana Government is taking all necessary steps to identify the source of poisoning," said the ministry.

The ministry added that its Food and Health Division had been "closely" checking all commercial shipments of food and that all necessary steps were being taken to ensure all Guyanese products offered for sale by reputable local dealers were free from thallium.

Food-Export Contamination

Port-of Spain DAILY EXPRESS in English 11 Mar 87 p 1

[Article by Andy Johnson]

[Text]

RICE, noodles, black eye peas, red beans, ochro, spinach and flour are among a list of items from Guyana certified as containing varying levels of "heavy metal poison thallium."

The *Express* has received copies of sample analyses taken on a number of food items brought from Guyana and tested by the Forensic Science Centre, Federation Park, Port of Spain, and found to be contaminated with the poison, a rodenticide.

Copies of test certificates by doctors in Georgetown and St James also showed that a Trinidadian woman with Guyanese relatives was found to have the poison in her blood and urine.

Guyanese nationals now living in Trinidad have also told the *Express* of the alleged efforts by the Government in Guyana to discount the pervasiveness of the poisoning in a wide range of foodstuff.

Fears have also been expressed that the poison could have contaminated a number of other food products, which have been exported from Guyana, including jams and jellies and pineapples.

Health Minister Dr Emmanuel Hosein said last night the Cabinet will have to take "a very firm position pretty

shortly" on the information coming before the Government on the question of thallium sulphate poisoning in Guyana.

"The thing is gradually turning out to be fairly serious," Hosein said last night, in response to a question by the *Express*.

He said information reaching his Ministry "almost daily" was "adding up" to a very serious situation and that the Government in Port of Spain would have to take a firm position very shortly on the matter.

"As a government and a country we cannot allow the situation to continue as it has for much longer," Hosein said, adding, however, that the Cabinet would have to deliberate on whatever position the Government will ultimately take.

He stressed that that decision should not be much longer in coming.

Port-of-Spain DAILY EXPRESS in English 5 Mar 87 p 8

[Editorial]

[Text]

THERE are two ways a government can deal with a crisis. We urge the Guyana Government to avoid reverting to the secretive habits of the past and to be frank about the nature and extent of the thallium sulphate poisonings in the country.

The Government must, as well, announce immediate steps to control the spread of the poison, including an examination of the safeguards or lack of safeguards that obtained in the past.

And following on this, the Government must investigate why, given three years' advance warning during which the number of thallium sulphate poisonings rose annually, nothing was done to head off today's disaster.

The result has been an ecological disaster in which 600 people from various parts of the country have been poisoned, the pesticide having infected vegetables and fruit—and that may only be the tip of the iceberg.

In the end tests may reveal that the country's entire food chain has been affected, causing heightened concern, if not panic in a country whose health facilities are not geared to deal with a tragedy of this kind.

The region has a direct stake in all of this. Commerce among the islands is high and unless the problem is quickly controlled we doubt that it would remain localised, its effects spreading beyond the borders of a country that has had many troubles common to the Caribbean, but many of its own doing as well.

Common decency, then, as well as self-interest should prod the Caribbean governments into offering whatever help is suitable—from sending expert personnel, to supplying needles and syringes to obtain blood samples for the necessary steps.

In each Caribbean island there is a variant of the proverb which in Trinidad and Tobago tells you "when your neighbour's house is on fire, wet yours." That leaves Caribbean governments with another thing to do—they must make an evaluation of the security surrounding their own stockpiles, not only of thallium sulphate but of all other dangerous pesticides.

The Caricom Secretariat in Guyana has the responsibility of monitoring the situation, but to be able to do so effectively it must have the full co-operation of the Guyana Govern-

ment, which has appeared under President Desmond Hoyte to be much more open than the previous administration.

Here in Trinidad and Tobago, the Minister of Food Production, Marine Exploitation and the Environment, Lincoln Myers, has only recently voiced his concern about the use of chemicals in the growing of food. Myers had in mind fertilisers, although there is no hard evidence that the miracle fertilisers responsible for the so-called "green revolution" have had any harmful effect on man.

What clearly has deleterious effects are pesticides and Myers should extend his concern to that area, investigating, for example, whether pesticide poisonings have been confined to the suicide cases regularly reported in the press or whether there have been accidental deaths that may give another dimension to the problem.

We trust the Guyanese Government will move with the speed the crisis demands and that with the co-operation of its Caribbean neighbours we may yet limit the extent of the damage even if a score of people have already died through what appears to be a horrendous example of gross irresponsibility.

Dominican Rice Ban

FL101424 Bridgetown CANA in English 1909 GMT 9 Mar 87

[Text] Roseau, 9 Mar (CANA)--Dominica is unlikely to consider importing rice from Guyana in the near future because of an outbreak of thallium sulphate pesticide poisoning there, an official of the Dominica Export-Import Agency (DEXIA) has said.

But government officials indicated that sugar imports would continue since there were no reports of the commodity being contaminated.

The DEXIA official said there had been talk of Dominica resuming the rice imports, stopped close to two years now, but this would have to be shelved because of the poisoning.

DEXIA officials, meanwhile, said Dominica had last imported sugar from Guyana in January and that another shipment was expected later this month.

More than 600 thallium sulphate poisoning cases have been reported in Guyana in recent weeks. Thallim sulphate is banned in several countries. In Guyana, the state-run Guyana Sugar Corporation is the lone legal importer.

Dominican Tests on Sugar

FL132024 Bridgetown CANA in English 1722 GMT 13 Mar 87

[Text] Roseau, 13 Mar (CANA)--Tests conducted by the state-run Dominica Export Import Agency (DEXIA) on stocks of Guyana sugar here have found them free of thallium sulphate contamination, officials said.

The announcement came amid apprehensiveness among local consumers about buying Guyana sugar, in view of the thallium sulphate poisoning scare sweeping that South American country.

DEXIA official Normal Dorival said tests carried out on the agency's stocks proved negative, with no traces of the pesticide found. These results, coupled with information provided by the Guyana authorities, made it clear that there was no risk involved to Dominican consumers, he said.

Dorival said a 200-ton shipment of sugar was due here shortly from the Dominican Republic, but he denied the change of supplier was connected to the thallium scare in Guyana. He said the order was placed before the thallium sulphate problem. But when asked about further shipments of sugar from Guyana in the immediate future, he said he could not make a statement on the matter at the moment.

DEXIA, which imports rice and sugar into the island, says rice has not been imported from Guyana since 1981.

Apprehensions in Grenada

Port-of-Spain DAILY EXPRESS in English 16 Mar 87 p 13

[Text]

ST GEORGE'S, Sunday (CANA) — A top medical official has suggested that Grenada refrain from using food exported by Guyana because of an outbreak of Thallium sulphate poisoning in the South American country.

Health Officer Doreen Murray said that although the Grenada Ministry of Health had no specific details it was in the island's interest to hold back on the use of Guyanese food until further information was

available.

Government officials however told CANA Grenada hardly purchases any food from Guyana.

Over one hundred persons have been tested

positively in Guyana for Thallium sulphate poisoning.

Symptoms of the disease, which can be fatal, include nausea, numbness in the limbs and stomach pains.

/9274

CSO: 5440/079

REFUGEE CAMP HEALTH COVERAGE PLANS REVIEWED

Nicosia FALASTIN AL-THAWRAH in Arabic 8 Nov 86 p 19

/Article: "Disappearance of Infantile Paralysis in the Camps, but Ulcers Are on the Rise"/

/Text/ The Palestine Relief and Employment Refugee Agency (UNRWA) states that in spite of its difficult financial situation, it is determined, in the context of the expansion of its activity, to increase its medical services, employ a larger number of doctors and improve the condition of laboratory facilities and dental treatment organizations, in accordance with a statement the agency issued in Vienna on the 20th of last month.

At its meeting in July 1986, the agency set out a summary of the medium-term plan for the 1987-1989 period, which dealt with the current level of UNRWA's services as an index and expected expenditures to 1989.

Here we will devote special attention to the expected increases in the plan related to health, which came to 7.2 percent in 1987, 2.4 percent in 1988 and 4.8 percent in 1989 (calculated in millions of dollars).

In order to strengthen the health situation socially and psychologically, emphasis is being made on three model projects which are new of their kind, whose goal is to encourage the children of Palestinian refugees to take part in more recreational activities, to help them overcome the difficulties facing them in life.

This approach, which will include organized sports and other recreational activities, has the goal in particular of helping young children who have been uprooted from their homes with their families, sometimes more than once, or have lost their parents or relatives in the war, and have usually grown up in an atmosphere of tension and violence.

In the Al-Buq'ah Camp

Starting this November, health employees will be trained to increase family health awareness among the inhabitants of the al-Buq'ah camp in general (55,000 people) and strengthen health development among children socially and psychologically in particular. The al-Buq'ah project is receiving strong

support in the World Health Organization and the United Nations Children's Fund (UNICEF) as a model of international efforts to strengthen psychological health services for children.

The Swedish [sic; Danish] children's salvation fund Rede Barnet is preparing studies on the Marka and Mount al-Husayn camps in Jordan and providing analyses and information in the desire to prepare a program for children in these two camps.

The agency offers medical services to patients inside and outside hospitals and services in the context of basic environmental health in the refugee camps, including drinking water, sewage systems, waste removal and the struggle against insects and vermin, and offers milk or additional nourishment to nursing infants, children below school age, pregnant women, nursing women, extreme hardship cases and tuberculosis outpatients. In 1985, one-fifth the UNRWA budget, that is, the equivalent of \$38.5 million, was spent on health services.

Birth statistics for 1985 indicate a gradual decline in infant deaths in Palestine refugee camps. The rate of deaths among infants in three areas in which the health department of UNRWA made a study, the West Bank, Syria and Jordan, came to 35.8, 86 and 89 per thousand children and fetuses.

Dr Fathi Musa, senior UNRWA doctor for statistics and planning, expects a further decline in the future, when the new project which will strengthen the ability of the agency's officials to learn about risky pregnancy cases and infants whose lives are threatened is carried out.

In some diseases, such as infantile paralysis and measles, the number of disease cases has declined to approximately nothing, and a great drop has occurred in trachoma and smallpox cases. However, dysentery cases are still a major problem.

The severe health problems to which Dr Holston, director of the health department of UNRWA, directed attention also including the situation in Lebanon. He said, "The health of refugees is exposed to severe danger, their presence is repeatedly exposed to danger, their family lives are subjected to disruption, their food and housing is subjected to restrictions and they are living in a situation dominated by danger and obscurity."

Concerning the severe health problems in the Gaza Strip, he admits that he, personally, lies under the influence of "a stifling atmosphere of despair." Cases of asthma, ulcers and other diseases which arise from pressure and psychological tension are high.

In conclusion, we might refer to basic data concerning UNRWA's activities in the area of Palestinian health:

Health centers	98
Patient visits (annually)	4.5 million
Additional nutrition centers	94
Dental clinics	30

There are in addition to this a small hospital on the occupied bank and the department of the Gaza tuberculosis hospital, which has 70 beds.

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CSO: 5400/4513

BRIEFS

EPIDEMIOLOGICAL STUDY--The Ministry of Health has started a three-month epidemiological study in Grand Bahama. A cross-section of the community, including school children, teachers, workers and residents will be examined by a specially selected team of health officials based at the Rand Memorial Hospital. The examinations will be voluntary, free of charge and confidential. It will consist of X-rays, blood and urine evaluations and testing of the eyes, ears and skin. A medical questionnaire relevant to the study also will be administered and participants will be provided with free transportation to and from the Rand site. "The Health officials in Grand Bahama are looking forward to the continued cooperation and participation of the Grand Bahama community in this study," a Ministry of Health release stated. Seen with some of the laboratory and diagnostic equipment specially acquired for the study at a cost of over \$50,000 are members of the epidemiological team and the Grand Bahama health services committee. [Text][Nassau THE TRIBUNE in English 19 Feb 87 p 7]/12828

CSO: 5440/080

BERMUDA

BRIEFS

NEW AIDS STATISTICS--Hamilton, Tuesday (CANA)--A total of 34 people are known to have died of the killer disease AIDS in Bermuda, Health Department officials reported. Fifty-one cases were reported in 1986. Almost all the AIDS (Acquired Immune Deficiency Syndrome) victims are intravenous drug users but the number of homosexuals infected with the disease is steadily increasing, officials said. One child has come down with AIDS since the Health Department last released figures on the disease three months ago. Three more adults have been diagnosed since then and three more people have died. [Text] [Port-of-Spain DAILY EXPRESS in English 11 Feb 87 p 19] /9317

CSO: 5440/075

BRAZIL

BRIEFS

AIDS CASES REPORTED--Brasilia, 7 Mar (EFE)--The Health Ministry has reported in Brasilia that 251 new AIDS cases have been officially recorded in Brazil in February. According to government records, the overall number of people with AIDS is now 1,263, although the WHO claims that there are more than 120,000 AIDS patients in Brazil. [Summary] [Madrid EFE in Spanish 1803 GMT 7 Mar 87 PY] /8309

CSO: 5400/2034

VENEZUELA COOPERATING IN BATTLE AGAINST MALARIA

Georgetown GUYANA CHRONICLE in English 20 Feb 87 pp 1, 5

[Text] Two Guyanese doctors are currently undergoing a 12-month training course in malariology in Venezuela and an entomologist from that neighbouring country is expected here soon as part of a concerted two-nation fight against malaria.

The doctors, John Solomon and Lloyd Validum, began their training at Venezuela's International School of Malaria in Maracay last month.

Dr Keith Carter, the Guyana Medical Officer of Health responsible for Vector Control and a key figure involved in co-ordinating the malaria eradication programme between the neighbouring countries, said the visit of the Venezuelan entomologist will be two-fold.

He will study the mosquito believed responsible for spreading malaria in Guyana and also conduct a training programme for Guyanese inspectors engaged in the local mosquito control drive.

A Press report from Caracas earlier this month quoted the Venezuelan Minister of Health as saying that his country also planned to provide Guyana with technical assistance, equipment and drugs to boost the joint effort toward malaria eradication in both nations.

Venezuela sent five malaria specialists to Georgetown last year, trained seven Guyanese in vector identification over a three-week period and supplied the country with drugs for the anti-malaria programme.

The Medical Officer of Health has advised that people in the hinterland cultivate the habit of using mosquito nets and insect repellants to reduce contact between the vector (disease-carrying) anopheles mosquito and man.

"The mosquito is not born with the parasite, but acquires it from an infected person and then transmits it to a healthy person," Dr Carter explained.

The female anopheles is the only kind of mosquito known to be capable of transmitting the malaria parasite to human beings.

/9274

CSO: 5440/081

THALLIUM SULPHATE POISONING ADDRESSED AT MANY LEVELS

Health Ministry Probe

Georgetown GUYANA CHRONICLE in English 16 Feb 87 p 1

[Text]

The Ministry of Health last night said it has stepped up investigations aimed at identifying the possible source or sources of thallium sulphate poisoning.

The Ministry's announcement has come in the wake of reports that traces of thallium have been found in samples of blood taken from a number of persons in recent days.

One report over the weekend said thallium was found in blood samples taken last week from the members of two families. In addition, a few patients are now undergoing treatment in city hospitals.

In one case, it will be recalled, some members of a family from Plaisance, East Coast Demerara, died as a result of thallium poisoning. On that occasion the poison was traced to contraband flour used by the family and reportedly stored in an area contaminated by thallium.

Thallium is a white,

odourless substance bearing some resemblance to table salt. It is used as a rat poison.

In its statement last night, the Ministry of Health said that several tests for thallium have been carried out on potable water and these have been found to be negative. The Guyana Water Authority (GUYWA) and the Georgetown Sewerage and Water Commissioners, the ministry added, will continue to make regular tests.

The Guyana Sugar Corporation (GUYSUCO) is the only authorised importer of thallium sulphate. However, following several reports about thallium poisoning, Guysuco recently announced it has decided to stop using the substance. There is some fear, however, that some private persons might have been illegally importing the poison.

It is also known that some thallium has been stolen from Guysuco's bonds.

Meanwhile, the ministry has advised all members of the public who might have thallium in their possession, to desist from using it. They should hand it over to the nearest health facility or district environmental officer.

"Individuals must not attempt to dispose of thallium by burying it, or throwing it into trenches or by any other means", the Ministry of Health stressed adding that it was taking all necessary steps to secure answers to the problem through intensive investigations and that it would be keeping the public informed.

Meanwhile, this matter was discussed extensively by members of the recently appointed Cabinet Sub-Committee on the health sector at their first meeting last night. Prime Minister Hamilton Green is chairman of the Cabinet Sub-Committee.

Government Actions

Georgetown GUYANA CHRONICLE in English 26 Feb 87 p 1

[Excerpts] The Ministry of Health has launched a programme to identify the possible sources of thallium sulphate contamination and is treating the thallium problem as a health priority, the Ministry said yesterday.

All possible sources of contamination are being investigated and the Government has already sought and obtained the assistance and co-operation of the Pan-American Health Organisation (PAHO) and the World Health Organisation (WHO) through the Caribbean Epidemiology Centre (CAREC) in Trinidad and Tobago, the Ministry explained yesterday.

Meanwhile, a special thallium treatment centre will be opened at the Georgetown Hospital compound from tomorrow. The centre will be opened from 08:00 hrs. to 16:30 hrs. daily and members of the public may visit for tests for

thallium poisoning and treatment if necessary.

In addition, a specialist in epidemiology from CAREC, Mrs. Scobie is scheduled to arrive in Guyana this morning to assist with the investigations.

It has not as yet been established precisely how and the degree to which thallium sulphate contamination has taken place, but full-scale investigations are under way with overseas support and with officers of the Government Analyst Department visiting several areas and carrying out tests.

Extensive tests have already been made of possible sources of contamination especially in the sugar estate areas where thallium sulphate has been

used.

Several tests for thallium have already been made on potable water and these have all yielded negative results.

Meanwhile, all doctors and private hospitals are asked to notify the Ministry of Health about all cases of thallium sulphate poisoning brought to their attention. They should contact the Government Epidemiologist, Dr. Edgar London on telephone 02-68050.

The Ministry of Health meanwhile has given the assurance that supplies of the antidote are available in the country, and that the facilities for testing for thallium sulphate are available.

Extent of Problem

Georgetown CATHOLIC STANDARD in English 1 Mar 87 pp 1, 3

[Excerpts]

MORE and more persons suffering from thallium sulphate poisoning are being discovered almost daily.

The Catholic Standard in its last issue of Feb. 22, had reported five families, plus a number of Indian national doctors and their families at least another five families, making ten families who were suffering from thallium sulphate poisoning.

At least three of these families received milk from the same source on the East Coast, and this was found to contain 1.4 ppm of thallium. Two of these families, on discovering that they had picked up this poisoning, immediately left the country.

They took with them various vegetables, and had them tested at the Trinidad and Tobago Forensic Science Centre, Ministry of National Security. The following were the results:

MICRO GRAMME OF THALLIUM PER GRAMME

Rice	1
Chowmein noodles	4
Red Beans	9
Black-eye peas	1
Spinach (Callaloo)	10
Ochro	10
Wheat Flour	2

Like the two other well-known Georgetown families mentioned in

Most alarmingly, in our last issue, the Standard had reported 22 cows at Industry poisoned over a three-week period.

Villagers had claimed to the Standard that their cows had been killed by poisoned molasses and pellets placed mainly on the front parts of the canefield in heaps on the ground on Dec. 24.

The Standard had written Guysuco asking whether it was the practice of the Corporation to set poison in the fields for cattle destroying its cultivation, and if so, what poison was used.

In its reply, published in the Feb. 22 issue of the Standard, Guysuco denied that it sets poison in the fields as a deterrent to cattle, and said that neither did it mix poison with molasses, as described in the Standard's letter.

After the cows "took in", some of the villagers had gone to the fields and picked up samples of the molasses and pellets. These were since sent to the Government Analyst to be tested.

The results of the tests were received last Tuesday, Feb. 24, and show that the poison was thallium sulphate.

Contamination Controls

Georgetown GUYANA CHRONICLE in English 5 Mar 87 pp 1, 4

[Excerpts]

GOVERNMENT has imposed a ban on the importation of thallium sulphate, and has announced that with the co-operation of international and other agencies it is taking all necessary steps to identify and eliminate sources of contamination.

This was told to the National Assembly yesterday afternoon by Prime Minister Hamilton Green who made a special statement on the problem of thallium sulphate contamination now actively engaging the attention of medical authorities.

He said all available evidence indicates that this problem is not of epidemic proportions and there is no need for undue alarm.

At present, there is no precise information which points to the source of contamination, but Government will continue to take measures to identify and eliminate the source or sources of contamination.

For preventative purposes, samples will continue to be taken from all factories which produce food items, markets and other consumer outlets.

In addition, samples have been sent to the Caribbean Epidemiological Centre in Trinidad and Tobago and to laboratories in the United States and discussions are in progress with Government agencies and pest control manufacturers and distributors to ensure that

their products are free from the poison.

While investigations are continuing into past cases of deaths, there are reasons to believe that some were cases of homicide as large doses of the poison were found during post mortems.

Responding to points raised earlier by Minority PPP Members of Parliament Reepu Daman Persaud and Cde Jagan, Minister Blackman explained that the current testing of blood and urine samples is helping to provide vital information in present investigations to determine the sources of contamination.

He also assured the House that adequate supplies of Prussian Blue are available for treatment of contaminated persons.

Medical Mobilization

PA080247 Paris AFP in Spanish 0418 GMT 7 Mar 87

[Text] Georgetown, 6 Mar (AFP)--Today the Guyanese medical authorities reported the thallium sulfate poisoning of 200 people, including children and adults.

Several diplomats belonging to 14 embassies accredited to this South American country were affected by the poison, including representatives from Venezuela and the United States.

The Health Ministry confirms that blood and urine tests performed on the 200 poisoned confirmed the presence of thallium sulfate in their bodies. No deaths have been reported so far.

Last night the Guyanese Government brought into action 200 doctors all over the country to solve the thallium sulfate contamination problem together with representatives from WHO, the Pan-American Health Organization, and U.S. Government representatives.

Poison-Free Samples

Georgetown GUYANA CHRONICLE in English 7 Mar 87 p 1

[Text]

MOLASSES and sugar exported recently by the Guyana Sugar Corporation (Guysuco) have been tested in the United Kingdom and have been found free of thallium, Guysuco announced yesterday.

The Corporation also announced that the U.K. refiners, Tate and Lyle, to whom all sugar to the U.K. is exported, will be sending an expert to Guyana to satisfy themselves that Guyana sugar and molasses exports are free of all contamination and to work along with Guysuco in their continuing tests.

The expert, Dr. Malcolm Burge, who holds a doctorate in Analytical Biochemistry, is Tate and Lyle's Quality Assurance Manager.

Meanwhile, in a statement yesterday, Guysuco reiterated that

since reports of thallium contamination began to multiply, it has been taking steps to ensure that no thallium is in its products.

It noted that it discontinued the use of thallium with effect from January 20 last and that all stocks of thallium and thallium-treated bait have been removed from estates and are now being held under strict security pending detoxification and safe disposal.

'Inconsistencies' in Analysis

FL102203 Bridgetown CANA in English 2041 GMT 10 Mar 87

[Text] Georgetown, 10 Mar (CANA)--Minister of Health Dr Noel Blackman says the extent of thallium sulphate poisoning is not as serious as some sections of the media have been trying to suggest to the local and foreign public.

He said last night that investigators working on the problem had arrived at the consensus, but he gave no new figures on the amount of people treated for poisoning.

Blackman met yesterday with three specialists from the Center for Disease Control (CDC) based in Atlanta, who arrived in the country Sunday night. He also held discussions with an expert from Tate and Lyle in Britain, which has already tested samples of sugar and molasses shipped recently to the UK by the Guyana Sugar Corporation (Guysuco), and found them to be free of thallium sulphate, a rodenticide used by Guysuco until last January.

The Tate and Lyle expert was testing further samples today.

The experts from the CDC, which had been contracted by the Pan-American Health Organisation (PAHO) to assist with the investigations, have brought with them a quantity of special collecting tubes in which they will place urine and blood to be sent overseas for testing.

Questions have been raised here about the reliability of local equipment used for testing because of inconsistencies detected in some results when sent overseas for analysis, officials said.

President's Comment

Port-of-Spain DAILY EXPRESS in English 17 Mar 87 p 3

[Text]

GEORGETOWN, Monday (CANA) — President Desmond Hoyte last night told Guyanese they were free to eat what they wanted without fear of coming down with thallium sulphate pesticide poisoning.

In an address carried by the state-owned Guyana Broadcasting Corporation, he said reports of a thallium sulphate poisoning epidemic were a "mischievous invention" and that tests had shown some of Guyana's main food exports to be uncontaminated. He reported that the Government, as a result of the thallium scare, would immediately give consideration to deficiencies in existing systems, laws and procedures governing all sorts of poisons.

A special unit to deal with various kinds of poisoning is to be established and a team from the Netherlands is due in Guyana tonight to help in the programme to improve local capability, Hoyte said.

He told Guyanese foreign experts looking into the thallium scare had determined that there was no thallium sulphate poisoning epidemic in Guyana as had been rumoured. The experience, the

Guyanese leader said, left a lesson, "never to allow ourselves to panic or become unduly agitated by rumours and other unsubstantiated allegations." The President said Guyana had "suffered much damage as a result of this mischievous invention."

"Some citizens were subjected to unnecessary mental anguish, undue pressure was put on our medical services, many hours of productive work were lost as a result of persons queuing up to be tested and our exports and foreign exchange earnings were gravely jeopardised."

/9274

CSO: 5440/081

HEALTH MINISTRY PLANS CHANGES IN SERVICES FOR REGION SIX

Georgetown GUYANA CHRONICLE in English 20 Feb 87 p 1

[Text]

A number of areas relating to the delivery of health services in Region Six, including the system for the procurement of drugs, and security arrangements at the Fort Canje Hospital, are now engaging the attention of health authorities.

These are among a number of issues which surfaced yesterday when Senior Minister of Health Dr. Noel Blackman and a team of health personnel began a two-day visit to hospitals and health centres in the East Berbice-Corentyne Region.

Accompanying the team is Minister of State in the Ministry of Planning and Development, Dr Faith Harding, her sister Christine Williams from the Kingsbrook Jewish Medical Centre and Dr. Julius Garvey, a cardiothoracic surgeon from New York.

During discussions with medical staff at the Fort Canje Hospital, Minister Blackman requested a report on the system of security at that institution. He also suggested that an examination be made of the system for the delivery of drugs to the hospital.

When the team visited Fort Canje Hospital yesterday morning, the rehabilitation of mental patients was also discussed.

Among the places identified for rehabilitative work

are the New Amsterdam and Fort Canje Hospitals and the Health Centres at Bush Lot and Number 47 Village. Repair works have also been planned for Health Centres at Skeldon, Port Mourant and Mibikuri.

The supply of water, electricity and drugs, and the need for maintaining existing infrastructure at medical institutions were among other issues talked about.

Earlier, Minister Blackman stressed the need for co-ordination, if available resources are to be utilised effectively. The Minister said he was impressed with the extent of community involvement in the medical field and noted that it was the responsibility of health workers to ensure the delivery of quality health services to the people.

One decision taken yesterday is that a Planner from the State Planning Secretariat will be assigned to the Region to assist with development programmes, Minister Harding disclosed.

In brief remarks to Regional officials, she advised that resources should be allocated to priority areas. According to Regional health officials, a total of about \$11m has been allocated to the Health Sector in the Region for current and capital expenditure in 1987.

/9274

CSO: 5440/081

BRIEFS

HEALTH MINISTRY-IDB TALKS--The Ministry of Health and the Inter-American Development Bank (IDB) are currently holding talks that could lead to the establishment of a project to strengthen and upgrade treatment and diagnostic facilities in this country. Senior Minister of Health, Dr Noel Blackman told the CHRONICLE Wednesday that the project would facilitate specialist care, operating rooms for one-day surgery and diagnostic and treatment centre with capacity to deal with a wide range of diseases. Dr Blackman said that areas of specialist care include ear, nose and throat, neurology, cardiology and gynaecology. Additionally, the projects cater for the establishment of a number of offices for doctors, and consideration is being given to the establishment of training facilities for medical personnel. Other project proposals include the strengthening of the diagnostic capabilities of regional health centres. [Text] [Georgetown GUYANA CHRONICLE in English 20 Feb 87 p 4] /9274

CSO: 5440/081

MEDICAL DIRECTOR REVIEWS AIDS SITUATION, MEASURES

Nairobi KENYA TIMES in English 12 Mar 87 p 24

[Article by Jeremiah Aurah]

[Text]

AIDS death toll in Kenya reached 38 as at January 13 this year, while 286 cases of the Acquired Immune Deficiency Syndrome had been diagnosed, the Director of Medical Services, Dr Wilfred Karuga Koinange said yesterday.

Dr Koinange, addressing a press conference at his Afya House office while flanked by the World Health Organisation (WHO) official, Dr Jonathan Mann who is in charge of AIDS programme in the world, said Kenya was not the only global country facing AIDS risks "for AIDS is a worldwide problem, and hardly can any country claim not to have the disease".

His sentiments were shared by Dr Mann who told the press conference that the entire world was facing the AIDS risks "yet the average figure of people suffering from the disease in United States is much higher than most countries in Africa".

Dr Mann, however, commended the Kenya government for its efforts in educating the public against the dreaded disease and disclosed that the WHO figures of AIDS cases all over the world was over 4,200.

He also said that WHO

would continue to help Kenya in fighting the disease "along other countries facing the same risks".

Dr Koinange on the other hand said the government had begun the screening exercise of all blood for transfusion in Nairobi and Mombasa while similar exercises will begin this month end at all provincial hospitals.

"The screening exercise for Nairobi and Mombasa which began last January has so far registered 0.7 per cent of victims", said Dr Koinange as he stated that the same exercise will be extended to district hospitals soon.

Dr Koinange called on all Kenyans to take extra care in preventing the disease by adopting a responsible life style.

He pointed out that the disease was a new one in the world "which poses special problems to health workers and public alike".

Saying that the prevention of the spread of the disease depended on individuals, Dr Koinange said that the government was expanding its health education and information to the public.

KENYA

BRIEFS

AIDS SCREENING KITS--All district hospitals will soon be able to screen blood for Aids, the Minister for Health, Mr Peter Nyakiamo, said yesterday. Currently, blood screening facilities are only available at Kenyatta National Hospital and the Coast General Hospital. He said: "Information we are getting from this screening makes us defy foreign accusations that this country is ravaged by Aids." We have a very good surveillance system and a capacity to diagnose that is second to none. Those pointing an accusing finger at us have "many more Aids cases," he said. Mr Nyakiamo, in a speech read on his behalf by an Assistant Minister, Mr Henry Cheboiwo, to the 12th annual obstetrical and gynaecological conference in Nairobi, stressed the role of traditional birth attendants. [Excerpt] [Nairobi DAILY NATION in English 27 Feb 87 p 3] /13046

CSO: 5400/8

BRIEFS

ANTIMALARIA COURSE--Vientiane, August 8 (KPL)--The anti-malaria institute recently hosted a two-month course on disease carrying insects and detection of parasitic protozoans causing malaria. Over 30 health workers from the northern, central, and southern parts of Laos took part in the seminar. The course, the 8th of its kind dealt with both theory and field study. It received assistance from the WHO office here. Subjects studied included among others, the study of insects (mosquitoes), methods of curing and preventing malaria. [Text] [Vientiane KPL NEWS BULLETIN in English 8 Aug 86 p 5] /6091

CSO: 5400/4345

MOZAMBIQUE

MAPUTO HAS HIGHEST VACCINATION COVERAGE IN AFRICA

Maputo NOTICIAS in Portuguese 23 Feb 87 pp 1,2

[Text] First in Africa

The Mozambican capital has become the first city on the African continent, achieving the highest vaccination rate for prevention of infant mortality.

According to the data released last Saturday, vaccination coverage has exceeded 90 percent, because of an intensive effort conducted throughout the year.

In fact, the People's Republic of Mozambique joined the international movement and assumed a commitment to work to see that it would achieve the broadest possible coverage in the vaccination of children.

In April 1986, the late President Samora Machel led a popular rally in Bagamoyo District, where the campaign was launched to achieve the goal of a 90-percent vaccination rate. That goal was exceeded before the end of the year. (Details on page 2 [as follows])

Maputo First in Africa

At the end of last year, Maputo became the first African city to achieve coverage of more than 90 percent in the immunization of children and pregnant women. This achievement was announced last Saturday morning by the Health Ministry organs in Maputo City, during a meeting with the Urban District administrators, secretaries of neighborhood dynamization groups and officials of mass democratic organizations [ODM's] and social-professional associations, representing the residents of the capital, to divulge the results of the General Vaccination Program [PAV].

The meeting was attended by Jorge Rebelo, member of the Central Committee Political Bureau and first secretary of the FRELIMO Party in Maputo City; Igragar Campos, vice minister of health; and Marta Mauras, UNICEF's representative in Mozambique, among other officials of the party and state and international organizations. On that occasion, the action program was presented for this year; in addition to the Health Ministry organs in the capital, the program involves the administrators of the urban districts, secretaries of the neighborhood dynamization groups, ODM's and social-professional associations

and the general public and is planned to ensure that the rates achieved will be maintained or even surpassed.

Speaking during the presentation of the report on the actions developed, Dr Oscar Monteiro, director of the Center for Preventive Medicine and Medical Examinations, said the results, which exceed 90 percent for all the vaccines in the PAV, were made possible by the organization, discipline and selfless spirit of the health workers in the city, international support and, above all, the active participation of the public and the many organization which were involved in supporting the disease prevention activities.

Noting that 1986 was characterized by a qualitative and quantitative leap in the activities and results of some preventive programs, focusing particularly on the health of women and children, Dr Monteiro said that, thanks to the support provided, Maputo was covered house by house, in a broad effort in preventive education, the results of which will extend into more than the immediate future.

"The experience which the City Health Directorate has gained in this field is important, not only for the continuity of the program and the maintenance of the rates achieved, but also for other initiatives where the cooperation of other organizations and of the general public is essential," Oscar Monteiro noted in his presentation.

On that occasion, the director of the Center for Preventive Medicine and Medical Examinations, who also headed the PAV, stressed the support of the news media, the Urban District administrators, the secretaries of the dynamization groups, the ODM's, the city's school students and the humanitarian organizations in publicizing the benefits of treating diarrhoea by oral rehydration and the advantages of mother's milk, among other preventive actions, during the door-to-door campaigns, which were the most effective means of achieving their objectives.

Although some problems arose during the campaign, the City Health Directorate did not confine itself to the actions noted above, but engaged in other activities of a curative, preventive, social and administrative nature, seeking always to overcome the problems which naturally arose, said Dr Monteiro.

The doctor noted that the city of Maputo continues to grow at a rapid rate, which has created problems for the health units, preventing them from responding fully to the demands of an increasingly large number of patients; then, too, the enemy action has affected some health and maternity centers, some of which have had to suspend operations during the night.

What Was Accomplished

After noting that when James Grant, executive director of UNICEF, visited our country, the late President Samora Machel made a solemn promise to guarantee the immunization of 90 percent of the children in the urban areas by 1990 and the children of Maputo City, in particular, in 1986, with the six vaccines included in the PAV, Oscar Monteiro reported that "in the knowledge that the goal was within our capacity, the Health Directorate drew up an action plan involving the many political organs and mass democratic organizations in the capital."

He added that, on the occasion of his visit, James Grant said the best gift which the People's Republic of Mozambique could give to UNICEF for its 40th anniversary, celebrated last year, would be to achieve a 90-percent vaccination coverage and that "today, we can say that we have met this goal, thus delivering the anniversary present."

After speaking to the audience gathered at the Food Processing Plant, the official used a projector to present the figures for the rates achieved for each of the vaccines in the program; in almost all cases, they exceeded 90 percent, as a result of the involvement of everyone in the program, which has become a popular movement, as he said.

We can cite, for example, the vaccination against measles, one of the most troubling diseases in the African countries: the vaccination coverage was 91.6 percent.

Reiteration

Speaking during the meeting, Jorge Rebelo, first secretary of the party for Maputo City, said we cannot slacken our efforts because of the results already achieved as a way of honoring our late president, who signed the pledge to achieve 90-percent vaccination coverage. "With everyone engaged, we must fight to surpass that goal," the leader said.

According to Jorge Rebelo, these activities serve to counter the propaganda which the enemy conducts abroad, attempting to give a false impression of our country and, particularly, of the capital, which is said to be surrounded by South Africa's armed bandits.

On that occasion, speaking on behalf of the party, the Political Bureau member thanked all those who were directly or indirectly involved in the work of the General Vaccination Program, thus saving the lives of more children.

In turn, Marta Mauras, the UNICEF representative in Mozambique, expressed satisfaction with the results achieved with the PAV, declaring that it was quite impressive to achieve such coverage rates--above all, in a country such as ours, which faces a variety of problems because of the war fomented against us from abroad.

Marta Mauras reiterated the readiness of the agency which she represents to continue to support the program to immunize children and pregnant women, as well as other preventive activities in progress in our country.

At the end of the meeting, the participants moved to the Plaza of the Mozambican Heroes, where a wreath of flowers was laid in memory of the late President Samora Machel.

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CSO: 5400/125

NIGERIA

BRIEFS

PLATEAU STATE MENINGITIS OUTBREAK--An outbreak of Cerebro-spinal meningitis has been reported in the Langtang Local Government area of Plateau State and already four students of a government college in the area are in the hospital following an attack of the deadly disease. The superintendent in charge of the Langtang General Hospital, Dr. Titus Barke, confirmed the outbreak and stated that three of the patients were responding well to treatment while the fourth one was critically ill. A source close to the college said that prior to the admission of the four students in the hospital, many other students who had shown symptoms of the disease were treated and discharged at the general hospital. [Text] [Lagos DAILY STAR in English 3 Mar 87 p 20] /13104

CSO: 5400/136

STUDIES ON GNATHOSTOMA SPINIGERUM IN HONGZE DISTRICT WITH SPECIAL REFERENCE TO ITS BIOLOGY AND EPIDEMIOLOGY

Xiamen XIAMEN DAXUE XUEBAO (ZIRAN KEXUE BAN) [JOURNAL OF XIAMEN UNIVERSITY (NATURAL SCIENCE)] in Chinese Vol 25 No 1, Jan 86 pp 98-106

[English abstract of article by Lin Xiumin [2651 4423 2404], et al., of the Parasitology Research Laboratory]

[Text] During 1981-1984, a survey of the biology of Gnathostoma spinigerum and its different aspects of transmission was carried out in Hongze District, Jiangsu Province. The results are briefly given as follows:

1. Six species of Cyclops were experimentally infected with the third stage larva of Gnathostoma spinigerum. Two of them, Apocyclops royi and Thermocyclops taihokuensis, proved to be the first intermediate hosts found so far.
2. An examination of 503 freshwater fish belonging to 12 families, 28 genera and 28 species was carried out. Of these, 14 species were found to be naturally infected with the advanced third stage larva of Gnathostoma spinigerum. The number of larvae per fish varied from 1 to 174, with an average of 4. Seven species of these fish, i.e., Opsariichthys uncirostris bidens, Hemibarbus maculatus, Pseudorasbora parva, Culter erythropterus, Erythroculter iliskaeformis, Pseudobagrus fulvidraca and Odontobutis obscurus, are new records of the second intermediate host.
3. It was found that Rana limnocharis, R. nigromaculata, Elaphe rufodorsata and Gallus gallus domesticus can serve as paratenic hosts of G. spinigerum. In addition, 43 of 105 domestic cats examined were naturally infected with G. spinigerum, but dogs were free from infection.
4. The specific characteristics of G. spinigerum and its third stage larva have been carefully studied. Based on the results mentioned above, the authors conclude that Hongze District must be regarded as a chief epidemic area of G. spinigerum in China.

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CSO: 5400/4117

SPK REPORTS MALARIOLOGY CENTER'S 1987 PROGRAM

BK300625 Phnom Penh SPK in English 1103 GMT 29 Sep 86

[Text] Phnom Penh SPK September 29--The Malariology Centre in Phnom Penh under the Ministry of Public Health has worked out a programme to combat malaria in 1987, aiming at protecting the people, especially infants and expectant mothers from being affected by such diseases. Following are the primordial tasks to be carried out especially in the areas hit hard by malaria.

1. To prevent the disease by advising the people to sleep in mosquito-nets.
2. Take preventive measure by distributing anti-malaria tablets consisting of amino-4-quinolein such as chloroquin, to people in areas hit by malaria, to be taken once or twice a week.

Impregnation of mosquito-net with some fluid harmless for man such as permethrin which is repulsive for mosquitoes, together with the use of long dresses and some anti-mosquitoes ointment, are on the schedule.

Vulnerable groups of people, including pregnant women, infants and peasants are the first to be provided with mosquito-nets, and people affected with the disease must be radically treated.

3. To conduct basic investigation of malaria in different areas throughout the country so as to determine the malaria morbidity in various regions.

--Activities for the prevention of malaria and more study on plasmodium resistance to different malaria-killer must be conducted throughout the country.

--To give lectures on malaria, its symptom and its dangerous threat to peoples life and on prophylactic hygiene and disease prevention to people.

--People must be encouraged to actively participate in the anti-malaria campaign set forth by the party and government.

--Cooperation among the three Indochinese countries, Kampuchea-Vietnam-Laos, in anti-malaria campaign at any level must be promoted.

The centre of malariology has to set programme for regular working tour of different provinces as well as of the leading ones.

Febrile and malaria-suspected people including those in the rail road hospital must be treated with close clinical examination.

--To step up the disease prevention by regular dose of malaria-killer and prophylactic measures for vulnerable groups, especially in the three hard hit areas.

--Mobile teams from the centre of malariology will supervise all activities conducted by local health workers in anti-malaria campaign in the provinces of Kho Kong, Kompong Thom, Preah Vihear, Siem Reap-Oddar Meanchey, Stung Treng, Ratanakiri, Kompong Chhnang, Pursat, Battambang, Takeo, Kampot, Kompong Speu, Kompong Cham, Prey Veng, Svay Rieng, Kompong Som city and the Chup rubber plantation.

--Technical directives will be sent to all provinces to extend their activities as far as to the most remote areas for a close observation of any risk of malaria infesting; and a special mobile team will be sent in time by the centre to help combat such disease.

--Training of cadres must be stepped up. Therefore, refresher and follow-up courses [words indistinct] 30 health workers and members of the said service. In 30 or 45 days they will be trained in microscopy and epidemiology.

--A seminar will be held at the end of the year with the participation of members of provincial health services and officials in charge of anti-malaria campaign from all provinces.

/6091

CSO: 5400/4345

PORTUGAL

DETAILED STATISTICS ON AIDS CASES PROVIDED

Lisbon TEMPO in Portuguese 12 Feb 87 p 22

[Report by Carlos Pires]

[Excerpts] From 1983 to 31 December 1986, 46 cases of AIDS were officially reported in Portugal, 54 percent of which were fatal. Only 21 of the individuals who contracted the disease are still alive and 17 have died in the last year.

In the opinion of Professor Laura Ayres, however, and according to a document recently drafted by the AIDS Task Force which she has coordinated within the Health Ministry since its inception in 1985, the situation in Portugal is not alarming.

According to that document, "Acquired Immune Deficiency Syndrome - Situation in Portugal on 31 December 1986," there are several reasons why the task force came to this conclusion.

In the first place, based on the available data, the incidence observed up to 31 December is relatively low: 4.2 cases per 1 million inhabitants, a figure reduced to 2.9 if we consider only 1986. Moreover, some of the risk factors have already been eliminated or are the object of strict control measures, although, admittedly, it will be difficult to verify possible new cases of AIDS among hemophiliacs, for example. As Laura Ayres told TEMPO: "Samples of all blood used in transfusions after the middle of 1986 have been tested, to determine if they contain the antibodies against the AIDS virus."

The AIDS Task Force offers another reason to back up its statement that the situation in Portugal is not cause for alarm: a significant percentage of the patients (17 cases) were not residing in Portugal when they contracted the disease.

Reasons for Concern

Although the members of the Task Force do not feel that the situation is alarming, there are still "many reasons for concern," according to the study.

Reinforcing the reasons for concern, the document points to the fact that although 37 percent of the patients were infected in other countries and

Table: AIDS Situation in Portugal on 31 December 1986

By 31 December 1986, the Center for Epidemiological Monitoring of Contagious Diseases [CVEDT] had received notification of 46 cases of AIDS, according to criteria defined by the CDC [U.S. Center for Disease Control] and the WHO and considered as valid in Portugal (see documents No 3 and No 8 of the CVEDT).

As the table indicates, 6 new cases were reported to the Center in the first quarter of 1986, along with notification of the death of a previously reported case. It is seen then, that notifications during 1986 were double those of 1985 and deaths now stand at 54 percent.

AIDS - Reported Cases

<u>Year</u>	<u>Cases</u>	<u>Deaths</u>
1983	1	-
1984	2	2
1985	15	6
1986		
First quarter	6	6
Second quarter	4	2
Third Quarter	12	8
Fourth Quarter	6	1
Total, 1986	28	17
Total	46	25

11 percent are hemophiliacs, 52 percent were infected by sexual contact or drug use, presenting an endemic picture in which domestic contagion is higher than imported contagion.

Portuguese in Central Africa

According to the authors of the study, equally strong cause for concern are our "privileged relations with Africa and the importance of the colonies of Portuguese citizens residing in Central Africa, primarily in Zaire and the Congo," causing concern that other Portuguese citizens will go there to contract the disease and could then transmit it here. According to the data available to us, 7 of the 46 confirmed cases fall within this risk group.

Particular attention is focused on the number of drug users, estimated at 13,500 in our country.

As shown in the accompanying table, of the 46 cases reported in Portugal from 1983 to 1986, 26 were recorded in 1986, resulting in 17 deaths. Reading the table, it may also be concluded that in just 1 year (1986), the fatalities (17) were more than double the number occurring in the 3 previous years (8).

According to data supplied to this newspaper by the AIDS Task Force coordinator, almost all the victims were males and about half were between 20 and 40 years old. Homosexual or bisexual males ranked highest, with 29 cases, or 63 percent of the total.

6362

CSO: 5400/2436

AIDS TESTING LABORATORY ESTABLISHED

Freetown THE NEW CITIZEN in English 9 Feb 87 p 3

[Article by Al-Hassan Sillah]

[Text] Serological tests aimed at proving Sierre Leone's "freeness" from the crippling disease "AIDS", will shortly be carried out by the new commissioned RAMSY Laboratory, the managing director, Dr. Alpha D. Wurie disclosed to the Press last Wednesday shortly after the official opening of the establishment by Health Minister Dr. Wiltshire Johnson.

Dr. Wurie's disclosure follows a recent B.B.C. medical programme report which puts Sierra Leone in the AIDS FREE zone of the dreaded virus that is presently rampaging African countries, emphasising that "authentic back-up proofs" should be made available.

Earlier in formally opening the laboratory, Dr. Johnson said Dr. Wurie's achievement was a triumph for the youths, characteristic of how productive the younger generation could be.

He recalled the days when Dr. Wurie, now a lecturer in chemistry at Fourah Bay College was a student in his faculty, adding that he was particularly happy about his strides.

A laboratory expert, Dr. Robin-Coker observed that strides of this nature by the younger generation represent a radical departure from hitherto held views that anybody can walk into a hospital or laboratory and get free treatment.

Government, he said, now recognises that indigenous Sierra Leoneans can contribute their own lot to health services in the country, given the necessary inputs particularly in areas of fatal illnesses.

Earlier, Dr. Alpha Wurie expressed his satisfaction at joining in the public health services sector, and hoped to weather the storms or competitiveness, and produce better results.

He said the realism of his venture is not only based on sophistry of his enterprise, but also on the capable hands that will comprise the staff, among whom are his wife Mrs Fatmata Wurie who holds a masters degree in Bacteriology, Mr. Alieu Jalloh, a technician and Dr. Adams.

The name RAMSY, DR. Wurie disclosed is a combination of the names of both his mum and dad as a sign of respect for their consolation which had made him work so hard.

In his opening remarks, the chairman for the occasion, Professor Cyril Foray, Principal Fourah Bay College, said the need for such an institution cannot be over-emphasised, and was pleased that it was wholly indigenous.

The laboratory consists of an incubator, a centrifuge with attendant timing and speed unit, a blood bank, colorimeter for bacteriological tests, an E.R.S. sedimentative rate, Microhaematorit centrifuge, among others.

/12828

CSO: 5400/137

GOVERNMENT TO SET UP AIDS CLINICS

Johannesburg BUSINESS DAY in English 24 Feb 87 p 12

[Text]

AIDS clinics would be set up by government, National Health and Population Development Minister Dr Willie van Niekerk said yesterday.

But, he said AIDS would not be made a notifiable disease and border checks or tests aimed at preventing the importation of the virus would not be instituted.

Last week top SA doctors dealing with AIDS called on government to set up the clinics.

And PFP health spokesman Dr Marius Barnard called on government to declare the disease notifiable and institute border controls to slow its spread into SA.

Van Niekerk said the AIDS clinics would provide treatment for people with symptoms of infection and counselling for patients, their family members and sexual partners.

The clinics would also assist in tracing all known sexual contacts of people infected with the AIDS virus in a wider effort to limit its spread.

Van Niekerk said: "We have had discussions with some of those dealing with AIDS cases to see what their needs are.

"We are also making the (AIDS virus antibody) tests available free at all pro-

vincial hospital clinics and will be publishing a series of booklets, possibly one a month, to help educate the public about AIDS.

"We do not consider it necessary to make AIDS or infection with the virus that causes it, a notifiable disease as we have a highly confidential central register of all people who are showing symptoms of infection and a list of people who have come up positive to the antibody test."

Another step taken by government to prevent the spread of AIDS is the free distribution of condoms at all family planning clinics, while condom hand-outs at certain factories also began recently.

Reaction to government's steps was positive.

Barnard last night welcomed the establishment of clinics, which he said were "essential".

He said: "But they are not the end of it — the disease must be closely monitored.

"If it shows signs of increasing significantly, it may become necessary to consider border checks or making it notifiable."

/9274

CSO: 5400/127

AIDS AWARENESS CAMPAIGN STEPPED-UP

32 Deaths Reported

Johannesburg BUSINESS DAY in English 26 Feb 87 p 2

[Text]

AIDS had claimed the lives of 32 South Africans so far, Health Minister Dr Willie van Niekerk said yesterday. Of 61 cases diagnosed up to February 23, 48 were South Africans.

All were white men, 43 of whom were homosexual or bisexual. One had had heterosexual contact in Central Africa, two were victims of blood transfusions and two cases were the result of blood products received from overseas.

No safe, effective vaccine or curative agents were available at present, Van Niekerk said.

SA's incidence of the virus was low compared with the US — 1,4 per million against 140 per million.

AIDS control rested at present exclusively on preventing or restricting exposure to the virus, he said.

Facilities for screening tests had been set up in main centres, and anyone who felt he might belong to a high-risk group could report to a medical practitioner, clinic or hospital out-patients department for free tests.

Research was in progress and measures such as declaring AIDS a notifiable disease and testing visitors from high-risk areas had been considered.

Minister: Cause for Concern

Johannesburg THE STAR in English 4 Mar 87 p 4

[Article by Claire Robertson]

[Text]

Not one of 1 200 prostitutes tested for the AIDS virus in the Johannesburg area was found to be affected by the killer disease, spokesmen on AIDS revealed in Pretoria yesterday.

But it was estimated that between 20 and 40 percent of homosexuals in Johannesburg and Cape Town carried the Human Immuno-deficiency Virus (HIV), the cause of AIDS.

And 5 000 people in South Africa could be affected with the virus although they showed no symptoms, AIDS Advisory Group chairman Professor J Metz said.

This was based on the formula of 100 affected people for every AIDS case and, among South Africans, there had been 48 cases.

A statement released by the Minister of National Health and Population Development, Mr Willie van Niekerk, said there was cause for concern because the number of carriers of the virus "significantly exceeds the number of AIDS sufferers".

Including foreigners treated in South Africa, 61 cases had been diagnosed up to February 23 this year. Thirty two had died from the disease but this incidence of 1,4 per million "compares favourably" with the 140

per million in the United States, the statement said.

There was no evidence that the virus was transferred by accidental contact.

South Africa had not set aside extra funds to treat the disease and publicise it, a spokesman said. It was dealt with in the total R100 million budget for the control of communicable diseases. Local and provincial authorities also worked at treating and publicising it.

More Effective Than Preachers

Johannesburg THE STAR in English 4 Mar 87 p 4

[Text]

AIDS has done more to change the lifestyle and sexual habits of people than all the preachers in the world, Dr Ruben Sher, head of AIDS research at the Institute for Medical Research, said in Johannesburg yesterday.

He told a symposium of nurses and paramedics he wanted to dispel some of the myths, misconceptions and hysteria associated with AIDS.

Sexual fidelity and the condom, jokes of the permissive '70s, must be taken seriously.

"Pregnant women infected with the AIDS virus (HIV) should be offered an abortion.

"Pregnancy induces AIDS-related opportunistic diseases in 60 to 65 percent of carriers.

"AIDS cannot be transmitted through dry kissing or hugging an AIDS sufferer."

Risk 'No More Than Normal'

Johannesburg THE STAR in English 4 Mar 87 p 4

[Article by Joe Openshaw]

[Text] There have been no documented cases in South Africa of health care workers involved with AIDS patients having contracted the disease, the chairman of the AIDS Action Committee, Dr Denis Sifris, said at a mini-symposium on AIDS in Johannesburg yesterday.

He told health care workers from private hospitals in Johannesburg and Pretoria the risk in providing hands-on care to AIDS patients was no greater than in caring for any other sick patient.

"Simple infection control precautions to isolate the infection agent and not isolate the patient is what is needed," he said.

Dr Sifris said medical and ethical considerations did not allow anyone to divulge any information or issues of sexual preference relating to a patient to work associates, the media or even members of his family without his permission.

He said AIDS could be prevented by advocating stable and mutually faithful relationships or at least reducing the number of sexual partners.

Public Awareness Needed

Johannesburg BUSINESS DAY in English 4 Mar 87 p 3

[Article by Gerald Reilly]

[Text] THE incidence of AIDS in SA was no reason for panic, but a greater public awareness of the disease was needed, the Department of Health's action group chairman, Dr G S Watermeyer, said in Pretoria yesterday.

He said ignorance stood in the way of defusing the threat, which was why a comprehensive education programme was vital.

Health Minister Willie van Niekerk said up to February 23, 61 cases, of which 48 victims were South Africans, had been diagnosed. All the South Africans were white males and 43 were homo- or bi-sexual. Up to now 31 South Africans had died from the disease.

Asked about reports which said 40% of about 500 homosexual men in Johannesburg were found to be carrying the aids virus when tested, Dr

Ruben Sher, of the SA Institute for Medical Research, said a number of homosexuals had been referred to the institute by private doctors for tests.

It was possible that 40% of those tested were infected. He could not say precisely what the figures were off the top of his head "but the tests we have carried out so far and the percentage of them which were positive cannot tell us the incidence of the disease among homosexuals in Johannesburg.

"In the first place, we don't know how many homosexuals there are in Johannesburg."

Sher said none of a group of 100 Johannesburg prostitutes examined was found to be infected with the virus.

Campaign Differs From UK Style

Johannesburg SUNDAY TIMES in English 8 Mar 87 p 7

[Article by Cas StLeger]

[Text] The fight against AIDS in South Africa has been launched—but the campaign is unlikely to include advertisements such as those that shocked Britain.

"Our feedback indicates that the British advertisement campaign was neither a success nor cost-effective," said Dr Buks Lombard, director of the Department of Health's AIDS Action Group.

According to the British Medical Journal, AIDS awareness had increased a paltry two percent after the three-months exercise that will cost the British taxpayer R60-million.

The latest series of British advertisements, based on the "DON'T AID AIDS" theme, is the fifth AIDS-awareness campaign there.

One ad features a mirror-like tinfoil square with the legend: "Now you know what a typical AIDS carrier looks like."

Britain had 610 AIDS cases in a February count.

South Africa has had 61 up to February 23.

Of those, 48 were "local" cases, giving an estimated 5 000 AIDS carriers — based on the formula of 100 affected people for every confirmed case.

The future for those 5 000 carriers is grim, according to the findings of German research. Half, say the Frankfurt scientists, will acquire AIDS within five years. Seventy-five percent of the infected patients will reach the fatal and final stage of the illness within a period of seven years.

The air of complacency has left the South African

scene but a scenario of panic has not replaced it.

Earlier this week, Minister of National Health and Population Development, Dr Willie van Niekerk, said there was cause for concern because the number of carriers of the virus significantly exceeded the number of AIDS sufferers.

In South Africa 32 had died, but the incidence of 1.4 per million compared favourably with the 140 per million in the United States, Dr van Niekerk said.

Fidelity

South African AIDS cases to date have not included women; 1 200 prostitutes tested in the Johannesburg area were all given the "all-clear".

With the exception of two blood and plasma transfusion victims, all victims have been bisexual or homosexual men.

The United States' current AIDS count is about 30 632.

And Dr Ruben Sher, head of AIDS research at the Institute for Medical Research in

Johannesburg, this week cautioned that sexual fidelity and the use of condoms must be taken seriously.

He said pregnant women infected with the AIDS virus should be offered an abortion.

Said Dr Lombard: "The level of the incidence of AIDS at the moment is not too bad; if we are to learn from what is happening overseas, we must bring the message across effectively."

"In every report from overseas, it is apparent that people only really become serious about changing their way of life if they feel threatened themselves."

"We are dealing with the sensitive issue of sexual behaviour. We must guard against victimisation of suspected cases," Dr Lombard said. He emphasised that AIDS was not contracted from toilet seats or coffee cups, but only from people — through the sexual exchange, of body fluids.

South Africa is fighting AIDS out of its total R100-million health budget.

/13104

CSO: 5400/134

EXPERTS SAY 'LITTLE RISK' OF GETTING AIDS FROM BLOOD TRANSFUSION

Johannesburg THE STAR in English 16 Mar 87 p 3

[Article by Joe Openshaw]

[Text] The chances of people in South Africa being exposed to AIDS through contaminated blood transfusions — as were a 35-year-old woman and her two-month-old infant now in a Johannesburg clinic — are very slim.

Dr Ruben Sher, head of AIDS research at the Institute for Medical Research in Johannesburg, said yesterday it was highly unlikely there was AIDS-contaminated blood in this country as screening of blood started two years ago.

It was reported yesterday the woman was exposed to the AIDS virus through a contaminated transfusion before then.

Dr Robert Crookes, deputy medical director of the South African Blood Transfusion Service, confirmed the mother and baby both had AIDS antibodies, which meant they had been exposed to the virus but had not contracted an AIDS-related disease.

The woman had a blood transfusion after an abortion in 1984. The man who gave the blood was found to be an AIDS carrier when he gave blood again.

The woman was told she been given contaminated blood four months after she became pregnant again last April when the few people who had received the man's blood were contacted.

She refused another abortion but has been advised not to have more children.

Dr Sher said he had not heard of the case but said pregnancy induced AIDS-related diseases in 60 to 65 percent of carriers.

He said he there was a good chance the infant would clear itself of the antibodies in its blood "but there is a 10 to 25 percent chance of it being infected with the AIDS virus".

"This clearing of the mother's antibodies from the blood happens in cases where the mother has been infected with other diseases as well and the process takes up to six months," Dr Sher said.

When all blood is screened there was a remote chance of tests failing to detect an infected donor if he or she had not yet developed antibodies.

"There have only been two cases of this in the world," Dr Sher said.

In South Africa, where all donated blood is tested and high-risk groups such as homosexuals and drug abusers voluntarily exclude themselves from giving blood, the chances of infection from a blood transfusion were extremely slim.

The woman and child are undergoing further tests.

COMMENTARY CONDEMNS GOVERNMENT POLICY ON AIDS

Johannesburg BUSINESS DAY in English 23 Feb 87 p 6

[Article by Dianna Games]

[Text]

AS LONG as homosexuality remains illegal in SA, the fight against AIDS is likely to be hampered by lack of financial support, prejudice and fear. SA's AIDS statistics put it behind many countries in the AIDS "epidemic" but, while statistics of victims increase steadily, government has stalled on the growing threat, apparently waiting for a suitably sized problem before taking action.

The virus claimed only two victims in SA in 1982, when the first recognised case was diagnosed. The number of cases doubled in 1983; the total death toll is now 35.

According to the National AIDS Advisory Group, there are 58 AIDS cases on record, about 600 people could have the milder AIDS-related complex (ARC) and about 6 000 have been infected.

Compared with more than 12 000 carriers in the US and 355 deaths in Britain, SA's problem is still small. But doctors, researchers and the homosexual community — a high risk group — say the intention should be to keep it that way. With no cure in sight, prevention is the priority. It would cost government less to implement a prevention and education plan than to spend thousands on treatment, with death still the inevitable outcome.

"Don't die of ignorance ... protect yourself. Use a condom" shout

billboards in the UK, where a government-funded R60m AIDS education programme is under way.

A spokesman for SA's Department of National Health and Population Development said that a statement on government's proposed control plan on AIDS will be released soon.

AIDS Action Group co-ordinator Dr Dennis Sifris said the department was approached in 1985 to endorse the group's programme of awareness and education but refused, on the grounds that sections of the community may be offended. The Department of Health and Welfare also refused to give it a fund-raising number, but gave no reasons. The group has done what it can in terms of budgetary constraints but feels government intervention is long overdue.

In SA to date one pamphlet has been compiled by government — and it is only available on written request.

Several countries have ordered that foreign visitors be tested before being allowed entry. Health authorities at SA's airports have admitted that there is little they can do to prevent the entry of immigrants, travellers and businessmen who may have the disease or be carrying the virus.

Dr Frank Spracklen, spokesman for the AIDS Advisory Group — set up to advise the Department — said attempts had been made to set up clinics, urgently needed, but funding was not forthcoming.

The tracing of sexual contacts of people infected with the virus, whether or not they showed signs of the disease, was critically important in preventing the virus's spread and limiting the numbers who would ultimately die.

Dr Sifris said counselling was also vital before and after testing for the virus. Ignorance had led to most people assuming that, if the AIDS virus was identified, a person would get the disease. But this was true of only 10% of those carrying the virus.

He said virus carriers could even exhibit certain AIDS symptoms, but only a small percentage would suffer a breakdown of their immune systems, the stage at which a person is said to "have AIDS".

Members of the gay community, the group presently most at risk, claim the AIDS problem has led to their victimisation. But several pointed out that, while government was afraid of offending "straight" people with an impactful awareness campaign, about half of the bisexual people in SA were married.

This was a major problem in examining the AIDS problem, as most of such people only indulged in discreet sexual encounters and generally felt themselves to be less at risk. But the end result would be a spreading of the problem into the heterosexual community.

/12828

CSO: 5400/131

TWO CONFIRMED AIDS CASES IN PRISONS

Johannesburg THE CITIZEN in English 18 Mar 87 p 2

[Text] THE first two cases of Aids have been confirmed in South African prisons, a Prisons Department spokesman said last night.

He said two prisoners were at present being treated for the disease in an unnamed provincial hospital.

The Prison Services was aware and "concerned" about the situation, he said.

"As a matter of policy, the Prison Services, in co-operation with the Department of National Health is at all times alert to the possible incidence and occurrence of infectious diseases including Aids."

He said everything possible was being done to prevent the spread of Aids.

"Medical parades are held twice daily to give prisoners an opportunity to report their ailments. Prisoners are also warned regularly against the dangers of Aids and are provided with the necessary information regarding the disease," he said.

He said a comprehensive survey has been initiated to screen known

high risk groups in order to monitor the possible occurrence of Aids.

Provision had been made to segregate prisoners with confirmed cases of Aids. These individuals, he said, would be counselled by "informed personnel" and their co-operation would be sought in order to identify possible contacts.

The "contacts" would be referred for testing and counselling.

He said steps had been initiated to ensure strict confidentiality. Additionally, a study was underway to decide what to do with prisoners who were scheduled for release who had contracted the disease.

As a result of the Aids problem, the Prison Services had decided in 1985 to suspend the donating of blood by prisoners.

In a Press release issued by the Prison Services, no mention was made of the issue of condoms to prisoners as suggested yesterday by a microbiologist.

Condoms should be issued freely to prisoners to prevent South African prisons being turned into "Aids factories", he said.

SOUTH AFRICA

PIK BOTHA WARNS INSURGENTS WITH AIDS

Johannesburg BUSINESS DAY in English 20 Mar 87 p 4

[Text]

INSURGENTS coming into SA did not only carry dangerous explosive bombs with them, but a more dangerous bomb inside their bodies: AIDS, Foreign Minister Pik Botha said last night.

He said the insurgents lived in refugee camps in neighbouring states which were teeming with AIDS and they then carried it into SA.

/12828

CSO: 5400/141

BRIEFS

NEW HERPES VIRUS--A new, and possibly deadly, herpes virus has been discovered in SA. The virus, which has "Aids-like" qualities, was discovered by Stellenbosch University virologists after two patients were diagnosed to be suffering from an unexplained fever-like condition. One of the patients, a Cape man, died unexpectedly while the other, a man from a Central African country, has gone home and was still alive when last heard of. The discovery of the virus is claimed to be a world first for SA researchers. But because it is so new, little is known about it--raising fears that the virus could present the same threat to SA's blood transfusion services as did the Aids virus in 1983/84. The head of the US Department of Medical Virology, Professor Walter Becker, whose team was the first in Africa to isolate and culture the Aids virus in 1984, yesterday announced the discovery of the new herpes virus. But he was careful to point out that much had still to be learnt about it. "We can say that we have found a herpes virus that is similar to none of the four known herpes viruses. We also know that it infects the T-cells and kills them, as does HIV (the Aids virus)."

[Text][Johannesburg BUSINESS DAY in English 20 Mar 87 p 3]/12828

CONGO FEVER FEARED--Two suspected Congo Fever victims, one in a critical condition, have been admitted to the isolation unit in the Kimberley Hospital. Dr F Erasmus, medical superintendent of the hospital, said yesterday one had been admitted on Sunday night, and the other on Monday morning. "The results of tests taken are still being awaited," he said. "However, with regard to the case where the patient is in a satisfactory condition, it seems very unlikely that Congo Fever will be diagnosed. "With regard to the other patient, who is in critical condition, Congo Fever seems strongly indicated."

[Text][Johannesburg THE STAR in English 18 Mar 87 p 8]/12828

NO AIDS DEATHS IN JANUARY--The last AIDS death in Johannesburg occurred in December, two National AIDS Advisory Group members said yesterday. Earlier, a Cape Town report said another person had died of AIDS in Johannesburg between January 27 and February 11 and that another victim of the disease had been discovered. However, neither Dr Ruben Sher nor Dr Dennis Sifris would comment on reports that another person on the Reef had contracted the disease.

[Text] [Johannesburg BUSINESS DAY in English 18 Feb 87 p 2] /9274

NEW AIDS TEST AVAILABLE--A new aids virus detection test, which is claimed to offer a simple and quick way of detecting the disease, has been launched on the South African market. According to Mr Guido Guidetti, general manager for Abbott Diagnostics SA, developers of the test, this is the first commercially available test for the actual detection of the Aids viral proteins which could indicate the presence of the virus. "This is a significant development because the body takes about seven weeks to twelve weeks or longer to develop antibodies to the virus once it has been contracted." The new Aids test is known as the HIV Antigen Virus Detection Test and was first successfully launched as a research tool in the United States during the latter half of 1986.[Text][Johannesburg THE CITIZEN in English 17 Mar 87 p 4]/12828

WOMEN SUPPORT GOVERNMENT ON AIDS ALERT--The Government has carte blanche from most South African women to introduce frank and dramatic warnings against promiscuity and unprotected sexual practices in AIDS propaganda. Although women are most likely to object to too-explicit messages about AIDS, 93 percent of those who took part in a urban poll conducted by Research Surveys Omnichek are in favour of shock-tactic AIDS propaganda, instead of the softer line adopted by the Government. Only 1 percent said frankness was a "bad thing". "The poll suggested a very high level of awareness, as well as concern, although the incidence of AIDS in South Africa is only 61 cases," said Mr Butch Rice, managing director of Research Surveys. The poll showed that eight out of 10 women are worried about AIDS reports. There was more all-round concern in ports such as Durban and Cape Town, but 85 percent of women in Johannesburg, Pretoria and the Witwatersrand revealed almost as much concern. More Afrikaans-speaking women (62 percent) than English-speaking women (50 percent) expressed "great concern". [Text][Johannesburg THE STAR in English 18 Mar 87 p 4]/12828

CSO: 5400/140

MINISTER PROMISES NEW MEASURES AGAINST AIDS

Madrid EL PAIS in Spanish 4 Mar 87 p 24

[Article by Anabel Diez]

[Excerpts] Madrid--The minister of health and consumer affairs, Julian Garcia Vargas, stated yesterday in Congress that 20 percent of the blood banks in Spain still have not been analyzed. "We are going to order tests of all the blood banks. Then we will be absolutely sure that the AIDS virus is not spread through transfusion." According to the minister, the risk is minimal once the groups at risk have been eliminated as donors.

A meeting was held with experts and officials of autonomous communities last 15 February to establish the so-called National Plan of Action Against AIDS. The network of analytical and virological centers will be expanded, international cooperation will be reinforced, and a prevention program will be established in prisons.

According to official data, 242 cases of AIDS have been detected in Spain from 1981 until November 1986. There have been 214 cases in males (129 died) and 28 cases in women (18 died). The age group most affected is between 20 and 29 years, followed by the 30 to 39 age group.

7717

CSO: 5400/2437

SUDAN

SOVIETS HELP COMBAT LEISHMANIASIS

Physicians Arrive in Khartoum

Khartoum AL-MAYDAN in Arabic 30 Dec 86 p 1

[Text] Three Soviet leishmaniasis specialists arrived in the Sudan last week. They are Dr Kenlina [as published] Oliver, head of leishmaniasis at the Martinovsky Institute for Tropical Diseases; Dr Sokharov Aleksander (parasitic diseases at the same institute); and Dr Margrete Strinkova (biologist and researcher at the same institute).

The three of them told AL-MAYDAN yesterday that they will spend 2 weeks in the Sudan under an agreement between the ministries of health in the two countries to provide scientific assistance in determining why leishmaniasis is spreading in the national capital.

They will begin consultations today with Sudanese physicians and with officials at the central laboratory. They brought with them samples of medications that proved effective against the disease in the Soviet Union (including the antibiotic monomycin which is actually being tested in Khartoum). They also mentioned that they will present certain tools and insecticides to be tested under Sudanese conditions.

Soviets Depart Next Week

Khartoum AL-MAYDAN in Arabic 31 Dec 86 p 1

[Text] The visiting Soviet medical team will present to the minister of health in the middle of next week its findings on how to control and treat leishmaniasis.

The team will pay a visit next Saturday to Wad Ramli, a village to the north of Khartoum which suffered a record number of cases.

Dr Ahmad 'Arabi, director of health services in the capital, lauded the delegation and its findings. He mentioned that the Soviet physicians commended their Sudanese colleagues and assured them of their support if the drugs they suggested or brought with them proved effective.

12945/8309

CSO: 5400/4606

GROWTH IN HIV CASES SLOWS, EFFORT TO STEM AIDS SPREAD

Demand for New Steps

Stockholm DAGENS NYHETER in Swedish 10 Feb 87 p 6

[Article by Per Sjogren: "Demand for New Measures Against Aids"]

[Text] The majority in the Social Welfare Committee in Stockholm is directing very hard criticism against the Social Administration's way of dealing with the problem of aids. The Administration is too passive, they think. The majority demands two things: that the Administration without delay see that the necessary number of places be arranged for the forced care of HIV infected drug addicts, and that the Social Administration be directed to present proposals on how measures against aids should be organized that that the appropriate laws can be applied and the fight against aids become more effective.

The proposal is to be worked out by the Social Administration in cooperation with other authorities concerned -- the country administration, the police, the county council, the county court, and doctors dealing with protection against infection.

The social delegates are an advisory group within the Social Administration. The delegates meet on Monday and the Social Administration meets on Thursday.

At the meeting of the social delegates on Monday Riita Oberg (Middle Parties) issued a statement with very sharp criticism of the Social Administration's handling of the aids problem. Together with demand for new measures without delay.

The Liberal Party and the Stockholm Party joined in the criticism. The three parties form the new majority in the state house.

In the statement it says that social service in practice has ignored the available laws.

This has happened because of passive application of the compulsory measures the law allows. This has caused the fight against aids to be ineffective, they say.

The problem was described in detail in articles published in DAGENS NYHETER 17 December last year.

Police Test For AIDS

Stockholm DAGENS NYHETER in Swedish 10 Feb 87 p 6

[Text] In 1985 2,850 HIV tests were made in jails and prisons. Last year the number rose to 5,775. "People have begun to motivate the prisoners and arrestees to have samples taken," Senior Inspector Torbjorn Osterberg of the Criminal Treatment Office said.

For abusers it is not as important to remain anonymous.

The 1986 increase is being maintained. In January 1987 689 tests were made. The reports on the HIV tests are being processed as a basis for the work of the Criminal Treatment Office in motivating prisoners and arrestees to take part in an epidemiological study.

Therefore Osterberg cannot answer today how many abusers are being tested. Many people may have been tested several times.

"We can say that the regional differences are great. It depends, among other things, on how well the nurses are able to motivate the prisoners," Osterberg said. "At the Uppsala Institute, for example, testing is 100 percent."

The debate on whether those tested should not have to reveal their identity led many prisoners to hold back in 1985.

Heterosexual Cases Now Appearing

Stockholm SVENSKA DAGBLADET in Swedish 14 Feb 87 p 8

[Text] Heterosexual spreading of aids in Sweden is now a fact. Four of the 93 aids cases in Sweden are heterosexual outside of the traditional risk groups.

This means that a good four percent of aids cases in Sweden are made up of heterosexuals, TT writes. A corresponding share of heterosexual cases has also recently been found in the U.S. In all there are almost 375,000 registered cases of aids in 85 of the countries of the world.

Outside the Risk Group

Among the good 1,300 registered cases of infection in Sweden, at least four heterosexuals are outside the risk groups, according to another published statistic from the State Bacteriological Laboratory (SBL).

"This gives clear proof that the infection is now spreading among the heterosexuals in the same way that it spread among the homosexuals in the beginning of the 1980's," Professor Margareta Bottiger of SBL said to TT.

But an important difference is that the spread among heterosexuals is thought to go considerably slower than what happened among the homosexuals in the corresponding period seven years ago.

Margareta Bottiger hopes therefore that the possibilities of slowing down the spread of infection will be greater. Now as before, radically changed sexual habits are the only effective method.

"It is quite thinkable to expand the tests to certain patient groups in our hospital. Our county council itself will have to decide on this," Gunnar Wennstrom said, the section director of the Social Welfare Office.

Anonymous Tests

Wennstrom, who is the spokesman in the Social Welfare Office's medical expert group on aids, stresses that all testing obviously must be voluntary and take place anonymously for those who wish it.

Plans for expansion of testing are found already in some county councils, but so far no central initiative has been taken in this direction.

Two Year Campaign

The path one has taken up to now in Sweden to limit the spread of infection is by way of information. Next month a large two year information campaign will begin in Sweden with the aim above all of preventing the continued spread of infection.

"The group one wants to reach now is the sexually active one, particularly young people who do not yet live in steady pair relationships. Up to now we have no indication that this group has changed its sexual habits in accordance with the risks of infection," Bottiger said.

One way to measure this is to register the occurrences of sexual diseases such as gonorrhea, herpes, syphilis, and sexual warts among persons 15 to 20 years of age.

Bottiger has already taken several steps toward some amount of mapping of these cases for some parts of the country.

"If the number of new cases diminishes, it can be regarded as a sign of changed sexual habits. But so far no such sign has been found," Bottiger said.

New Virus

A new variant of the West African virus that was recently discovered by a research team in SBL has now been isolated in a healthy West African woman in Sweden.

"The virus belongs to the same group as our earlier virus SBL 6669, but we do not know yet whether it is a variant of this or whether it is a new West African virus," Professor Bunnell Biberfeld said on the telephone to TIDNING-GARNAS TELEGRAMBYRA from Geneva, where she took part in the first WHO meeting on precisely West African virus types.

In a few months Biberfeld's research group at SBL and the Karolinska Institute hope to have an answer about whether it is a new virus or not.

Paper Backs Needle Distribution

Stockholm SVENSKA DAGBLADET in Swedish 19 Feb 87 p 14

[Editorial: "Aids, Shots, and Methadone"]

[Text] In the face of a galloping aids epidemic among needle narcotics, established procedures in the treatment of narcotics must be examined.

In conflict with practice up to now, the Social Welfare Office has given the go-ahead to doctors to distribute free needles and needle points to abusers. Critics regard this as "legalized abuse."

But what is the alternative? It takes a long time to motivate drug addicts to quit dope. Innumerable times they expose themselves and others to HIV infection with their dirty needles. If they are infected, it immediately becomes significantly more difficult to induce them to follow the difficult path toward freedom from drugs. They will of course never have a healthy, good life again.

Lund's general hospital was the first to distribute free needles. The abuser never receives the needle from the narcotic doctor outside the infection clinic as a pure health measure. The doctors use the case at the same time to give information on HIV infection, to offer HIV testing, help against abuse, and distribute free condoms. Thus this measure has its place in the fight against both narcomania and aids.

Even the criticism of the methadone program loses some of its sting under the shadow of aids. The opponents of methadone claim among other things that the treatment "rewards" continued abuse, because one must have many years of dope taking and treatment failure behind one to be allowed to enter the program. Methadone also becomes a sort of "parachute" that the addict can land with when the narcotic road becomes too difficult. In this way the threshold of abuse is lowered.

In the aids epidemic this argument does not hold.

The risk of being hit by a difficult, fatal illness hardly makes a narcotic life with methadone as a "parachute" tempting for anyone. The reward argument no longer applies when one must immediately take in certain drug groups into the program to prevent the spread of aids.

Such a group might be the heroin taking prostitutes. From them the HIV infection takes the leap into the normal population. If these women receive rapid treatment with methadone, they will neither need injections nor go on the street. An explosive source of infection will be closed.

A careful distribution of free needles, a proper and professionally administered methadone program, together with an otherwise very restrictive narcotics policy is a combination that should give us the possibility of meeting the aids threat more rapidly.

Fewer HIV Infections Discovered

Stockholm SVENSKA DAGBLADET in Swedish 19 February 87 p 14

[Article by Ingrid Eriksson]

[Text] The number of newly discovered HIV infections was only half as great last year as in 1985. This in spite of the fact that sampling increased strongly.

"We interpret this to mean that we have reached the plateau of balance," Senior Doctor Olof Ramgren of the Health and Sick Care Administration said. He presented the figures to the county council's aids committee.

"When we began with HIV testing we had a rapid rise in the number of infected, but now we hope we have reached a stage where the numbers are stabilized," Ramgren said.

19,000 Tests

But the number of aids cases continues to rise. In 1983 seven cases of aids were reported -- last year 27 new cases were reported.

"Everything indicates that in the continuation as well there is a doubling of the number of cases in 12 months," Ramgren said.

Last year only about 19,000 samples were taken. Of those tested, 384 were HIV infected. In 1985 786 of 11,700 tested were HIV infected.

Of the 384 cases discovered last year, 166 were homo- or bisexual men, compared with 420 cases in 1985. Among the HIV infected in 1986, 118 were needle narcotics, while among those infected in 1985 230 were needle narcotics.

Pregnant Women Receive the Test

Pregnant women in the southwest medical care area have been offered the test. About 3,000 expectant mothers took the test. Among them one was HIV infected, but the case had long been known. There are now plans to offer all the pregnant women in the county council the HIV test.

9124

CSO: 5400/2439

SWITZERLAND

WHO STATISTICS SHOW 42,000 AIDS CASES WORLDWIDE

AU131302 Paris AFP in English 1258 GMT 13 Mar 87

[Text] Geneva, March 13 (AFP)--The number of AIDS cases worldwide had reached 42,404 by March 11, against 38,401 cases on January 14, according to the latest World Health Organization (WHO) statistics published here Friday.

The United States remains the country most affected by Acquired Immune Deficiency Syndrome, with 31,036 recorded cases.

This is followed by France, with 1,221 cases, Brazil (1,012), West Germany (959), Canada (873), Haiti (785), Uganda (766), Tanzania (699), Britain (686), Italy (460) and Australia (407), the organization added.

In Europe, Switzerland is the country with the highest percentage of the population affected by the disease: 192 cases, giving a ratio of 2.95 cases per 100,000 inhabitants, WHO reported.

/8309

CSO: 5400/2459

NUMBER OF MALARIA CASES RISES 'SIGNIFICANTLY'

BK210403 Bangkok THE NATION in English 21 May 86 p 3

[Text] Thirteen provinces in the North have reported 27,502 malaria cases since last October and most of the victims are wood-cutters and mountain people.

Udom Kitprarop, director of the Northern Malaria Control Centre, said the number of reported cases rose significantly because of increasing forest encroachment in the region.

He said more patients were expected. The centre was running blood tests on 2,221,404 people suspected to have malaria.

He said the centre, which operates in Chiang Mai, Lamphun, Mae Hong Son, Lampang, Phayao, Chiang Rai, Phrae, Nan, Uttaradit, Sukhothai, Phetchabun, Phichit, and Kampaeng Phet, had issued a warning for malaria to tourists, wood-cutters and mountain people during the rainy season.

The centre would seek the cooperation of the Public Welfare Department in selecting teenagers from remote villages in the region to be trained in preventing malaria.

Malaria has been found widespread in mountainous area and along the Thai-Kampuchea border. The influx of Kampuchean refugees and members of minority groups from Burma is said to be a main cause of the surge in malaria cases in the country.

In 1983, the number of malaria patients was 270,000. It rose to 300,000 the following year.

Malaria is caused by plasmodium parasite. It is transmitted from one person to another by anopheles mosquitoes. When an anopheles mosquito draws blood from a malaria-infected person, it also takes in plasmodium.

When the mosquito bites another victim, the parasite is passed on to that person.

/6091

CSO: 5400/4345

TOGO

BRIEFS

AIDS CASES AMONG PROSTITUTES--Blood tests carried out among 68 prostitutes in Togo have shown that 21 of them are capable of transmitting the dreaded AIDS virus, a statement by the Togolese Ministry of Health said in Lome. The statement said that 17 of the 21 prostitutes with the AIDS virus were foreigners, adding that 100 Togolese drawn from the different strata of society and submitted to similar tests showed no evidence of AIDS. The statement confirmed that the ministry issued guidelines on preventive measures against AIDS in Lome on Thursday. [Text] [Enugu DAILY STAR in English 21 Feb 87 p 7] /13104

CSO: 5400/136

BRIEFS

CHOLERA IN KAMPALA--An estimated 70 people have died in a Cholera outbreak in the Ugandan capital over the past month, according to newspaper reports in Kampala on Thursday. Kampala city council officials declined to comment on the spread of the epidemic, saying they had no authority to talk to reporters. But the Kampala vernacular daily TAIFA EMPYA said that 40 people had died from the disease in the Kabowa slums, three kilometres (two miles) south of the city, and that another 30 had died in various other areas. There are fears that the disease, which is caused by drinking water, could easily spread much further because of overflowing sewage, interruptions in the water supply and uncollected garbage in Kampala streets. [Text] [Kano THE TRIUMPH in English 7 Feb 87 p 11] /13104

CSO: 5400/136

LATEST FIGURES ON AIDS SHOW NEW RISE IN NUMBER OF DEATHS

London THE DAILY TELEGRAPH in English 10 Mar 87 p 9

[Article by David Fletcher]

[Text]

THE DEATH toll from Aids rose by a further 22 last month bringing the total number of deaths to 377, the Department of Health said yesterday. The number of cases rose by 55 to a new total of 731.

The figures show a continued inexorable rise in the spread of Aids and confirm predictions that the number of cases is doubling every nine months.

The vast majority of patients continue to be homosexuals. A total of 640 have so far developed the disease, of whom 317 have died.

Haemophiliacs form the next biggest group—28, of whom 22 have died—and there are indications that the disease is beginning to spread into heterosexuals.

Thirteen heterosexual men and seven women have caught the disease, most of them thought to have contracted it abroad.

Only one heterosexual man and four women have developed Aids, without any evidence that they picked it up abroad.

Ten intravenous drug abusers have the disease and four of them have died. A further 12 people have caught it from infected blood supplies, eight of them after receiving blood abroad.

The number of women with Aids now totals 23 and seven babies born to infected mothers have developed the disease. Four of the babies have died.

Breakdown of Aids cases up to end of February:

Regional Health Authority	Cases	Deaths
Northern	20	14
Yorkshire	9	4
Trent	12	7
East Anglia	5	3
NW Thames	363	165
NE Thames	130	60
SE Thames	59	30
SW Thames	15	10
Wessex	16	11
Oxford	6	4
South Western	10	8
West Midlands	15	12
Mersey	10	10
North Western	31	16
Wales	11	9
Scotland	16	11
Northern Ireland	3	3
Total	731	377

/9317

CSO: 5440/077

WHO RECORDS 56 CASES OF AIDS

Harare THE HERALD in English 27 Feb 87 p 1

[Text] ZIMBABWE had reported 56 diagnosed cases of Aids to the World Health Organisation by the end of the third week of last month.

A technical briefing session on the disease during the WHO sub-regional meeting in Harare this week was told that 2 324 cases of Aids had been diagnosed in 18 African countries up to January this year. Sixteen African countries reported they did not have Aids.

The meeting stressed that it was diseases like malaria and measles which remained the major killers in Africa.

Tanzania had reported 428 cases, Zambia 250, South Africa 41, Malawi 13, Botswana six and Mozambique and Lesotho one case each. Some countries failed to tell the WHO of their Aids cases while some like Swaziland, the Seychelles and Mauritius said they did not have Aids.

Countries with a high incidence of Aids included the Ivory Coast (118), Congo (250), Uganda (766) and the Central African Republic (202).

In December last year the secretary for health, Dr Office Chidede, said that about 20 people had so far died from Aids in Zimbabwe.

People attacked by the virus can carry it for years before the first symptoms of Aids appear. Aids itself does not kill but destroys the body's immune system, allowing the victim to die from other infectious or cancers.

The WHO report said the intensive immunisation programmes in Africa was one of the ways in which the Aids virus could

spread quickly unless sterilisation of syringes and needles was done vigorously.

The meeting was told that the WHO and the United Nations Children's Fund were now recommending the steam sterilisation of all syringes and needles and the use of one syringe and one needle for each injection, and the sterilisation.

WHO epidemiologist at Harare sub-regional head office, Dr Brian Dando, told The Herald that an educational awareness pamphlet on Aids would be available soon in Zimbabwe.

Aids had been transmitted sexually in Zimbabwe as in most countries.

WHO said Aids was transmitted by infected blood and blood products, infected mother to child, contaminated syringes and needles, donation of infected body organs.

Aids has not been spread by food or water, blood-sucking insects, airborne or oral routes and casual social contact.

The United States had reported 31 741 cases of Aids, Asia (85), Europe (3 858) and Oceania (305).

ZIMBABWE

BRIEFS

MINISTER OF HEALTH CONFIRMS 57 AIDS CASES--The minister of health, Comrade Sydney Sekeremayi, told the Senate yesterday that there is a possibility of an AIDS epidemic in Zimbabwe if the public does not take proper steps to avoid the killer disease. He said 57 cases have been confirmed and it is most likely that there are others not yet uncovered. Meanwhile, the Ministry of Health is circulating pamphlets with information on how the public can avoid contracting AIDS, Acquired Immune Deficiency Syndrome, which destroys the body's ability to fight infection. [Text] [Harare Domestic Service in English 0600 GMT 19 Mar 87 MB] /12858

CSO: 5400/133

BRIEFS

BOVINE TB PLAN--A radical new plan to contract out management of the Bovine TB Scheme has been drawn up by a Fianna Fail "think-tank." The arrangement would be similar to that of the B+I Shipping Line chief executive-general manager appointed for a fixed term, working to measurable targets. The plan would remove all Departmental control with an independent agency tackling the problem on a three-year contract. Over the past few decades the eradication scheme has cost the State almost £1,000 million in today's money values. Under the latest initiative, which will be presented to the new Minister for Agriculture on his taking office, there will be a major emphasis on direct spending on the annual round of herd tests with minimum expenditure on bureaucracy. One of the options being investigated by Fianna Fail's agriculture advisory committee is to draw on the expertise of CBF--the Meat and Livestock Board in tackling the problem, given that this semi-state is responsible for the promotion of the industry. Response from the farm organisations to the revamped TB scheme was favourable last night. Farmers this year will contribute £20m. in disease levies to fund the scheme--an increase of £6m. on 1986. [Text] [Dublin IRISH INDEPENDENT in English 3 Mar 87 p 1] /9317

CSO: 5440/076

BRIEFS

VIENTIANE VETERINARY WORK--Vientiane, August 12 (KPL)--A number of veterinary workers of Keooudom district, Vientiane province, have been sent to various production bases to help local people combat anthrax and pasteurelloris among animals. So far, these diseases have been practically done away with. More than 1,200 buffaloes and 800 head of cattle have been vaccinated and another 200 sick animals have been cured. In addition, they have also popularised methods of animal breeding and protection to the local people. [Text]
[Vientiane KPL NEWS BULLETIN in English 12 Aug 86 p 3] /6091

CSO: 5400/4345

INSECTS DESTROY PALM TREES AT KWAE

Accra PEOPLE'S DAILY GRAPHIC in English 11 Mar 87 p 5

[Text]

A PARASITIC insect of the beetle family, known as *Coelaenomenudera*, has destroyed nearly 1,500 hectares of oil palm plantation at Kwae, in the Eastern Region, belonging to the Ghana Oil Palm Development Corporation (GOPDC).

This was disclosed by Mr J. N. Rousseau, the farm manager, when Mr Ibrahim Adam, Under Secretary for Agriculture in charge of crops, visited the plantation.

Mr Rousseau said the disease was detected in 1985 and since then, it has affected one-third of the 4,000-hectare plantation, a joint project of the Ghana Government and the World Bank.

He said 300 hectares of the affected area had been treated with the Azodrine "55" insecticide, adding that though the result is encouraging aerial spraying is the best method of combating the disease.

The farm manager said experts are expected from Cote d'Ivoire by April to help.

Mr Rousseau said the adult insect lays its

eggs on the leaf and after some days, the larvae defoliate it.

He said when there are many adults, their devastation causes partial or total drying up of the fronds.

When Mr Adam asked how much foreign exchange would be needed to combat the disease, Mr Rousseau said this would not be known until the experts arrive.

Mr Adam stressed the need to involve Ghanaian researchers at Kusi Agricultural Research Institute in efforts to combat the disease.

The Under Secretary said foreign exchange would be saved if the country's research stations are fully utilised to find solutions to our agricultural problems.

Mr Kofi Djinn, Secretary for Trade and Tourism who also visited the plantation, appealed to GOPDC management to make available data to enable the government to assess facilities needed to combat the disease.

— GNA.

SOUTH AFRICA

BRIEFS

6 KM LOCUST SWARM REPORTED--Agricultural officials in Upington in the northern Cape spent this week battling massive swarms of locusts--one 6 km long and 1 km wide--comparable to a 1 km-broad swathe from Hillbrow to Wemmer Pan. Mr Gert Becker, Upington locust control officer, said the swarms were the largest seen in the area. Hoppers have not yet been sighted and the eradication of the flying insects was under control. However, it was vital the insects were stopped before they reached the wheatfields of the Cape, he said. More swarms were expected. [Text] [Johannesburg THE STAR in English 20 Feb 87 p 5] /9274

CSO: 5400/127

VIETNAM

HARMFUL INSECTS RAVAGE RICE FIELDS IN BAC BO DELTA

BK250409 Hanoi Domestic Service in Vietnamese 2300 GMT 24 Mar 87

[Text] The Vegetation Protection Department of the Ministry of Agriculture and Food Industry reported that almost 150,000 hectares of 5th-month spring rice in provinces of the Bac Bo Delta and the former forth zone are being ravaged by rice blast, brown and rice planthoppers, ground beetles, and stem borers. About 100,000 hectares were damaged by rice blast while many rice fields were flooded. Ground beetles are spreading rapidly in vast areas of Thanh Hoa and Nghe Tinh Provinces with a density of more than 1,000 per square meter, mostly in Tho Xuan and Thieu Yen Districts in Thanh Hoa; and Do Luong and Yen Thanh Districts in Nghe Tinh. Rice planthoppers appeared in various early planted rice fields, while brown planthoppers increased by five to ten-fold compared with the corresponding period last year.

According to local planting schedules, in the next few weeks the 5th-month spring rice will grow ears. As a result, the spreading of harmful insects during this period will seriously affect the rice production output.

Faced with this situation and the limited supply of materials and insecticides, various localities, in an effort to minimize damage caused by harmful insects to the 5th-month spring rice, have strengthened supervision over various vegetation protection units to closely follow the situation of harmful insects in their areas, take regular care of rice fields, firmly control the spreading of harmful insects in each cooperative, and take concrete measures to promptly eliminate these insects. Many cooperatives have consolidated and firmly maintained activities of various vegetation protection teams, carried out inspection work on rice fields, closely coordinated with crops insurance corporations and district vegetation protection stations, and participated in various drives to eliminate harmful insects.

/9716

CSO: 5400/4348

END